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THERAPEUTIC METAPHOR: CLIENTS' PERCEPTIONS
OF PSYCHOLOGICAL METAPHORS THEY RECEIVE IN THERAPY

A Dissertation Presented

By

KATHRYN LEE DARDECK

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

MAY

1985

Education

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THERAPEUTIC METAPHOR: CLIENTS' PERCEPTIONS OF
PSYCHOLOGICAL METAPHORS THEY RECEIVE IN THERAPY

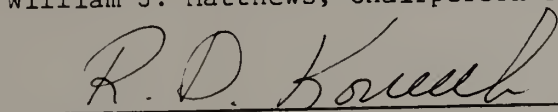
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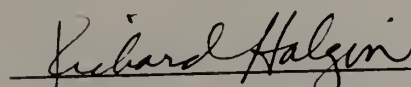
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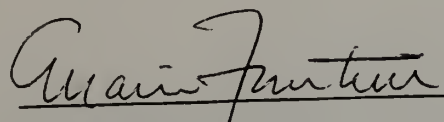
KATHRYN LEE DARDECK

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Richard Halgin, Member


Mario Fantini, Dean
School of Education

DEDICATION

This dissertation is dedicated to my parents,
Philip A. Dardeck, who challenged me to always pursue
excellence, and Shirley Ruth Hahn Dardeck, who encour-
aged me to trust and believe in my innermost self.

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Many thanks are in order here. This study would not have been possible without the courage and commitment of the three women who are presented in case study in the pages to follow. Many thanks to the three of you, whose names have been changed here to ensure confidentiality.

Thank you to Evan Coppersmith, who originally sparked my interest in the field of counseling psychology and who provided a stellar female role model of a caring, talented and highly committed therapist.

Suzanne Kirsh typed the final manuscript with as much care and grace as if it had been her own. Both she and her "speedy keys" were a delight.

Throughout my time as a graduate student, the three members of my committee have each supported and helped me through various phases of my doctoral work:

Over the years Bill Matthews has shared with me his ideas, time and volumes of Milton Erickson's collected papers. I have grown professionally and personally as a result of our interactions and gratefully acknowledge his support of my work.

Dick Konicek has provided me with a sense of his calm confidence, in both himself and others, since he first signed on as a member of my Doctoral committee. He has been a joy to know; I'm grateful to have had the opportunity to learn from him.

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my study while working there.

There have been a number of particularly special friends whose support and encouragement through my years as a Doctoral student merit special mentioning here:

I am indebted to Lynn Berrios for her endless typing of the initial drafts, and for her support and encouragement which made this process less overwhelming.

Maryanne Galvin's warmth and wit have been a constant source of laughter and strength over the past 5 years.

Robert Flor's active interest in my work and unwavering belief in my abilities has helped sustain and empower me throughout this arduous project.

Ilene Prashker's friendship and unending generous hospitality has been a comfortingly consistent place of refuge and recharging.

Alan Kurtz, Joan Brandon and Bill Barnes, members of my original Doctoral support group, shared meals, ideas and support with me. I have been greatly warmed by their friendship, and inspired by each of them. A special thank you to Alan, who persevered along with me through the final stretch.

Finally, a very special thank you to David Hardy who provided a daily ear over the last two years, and who had a wonderful gift for reigniting the light at the end of a seemingly endless tunnel.

ABSTRACT

THERAPEUTIC METAPHOR: CLIENTS' PERCEPTIONS OF PSYCHOLOGICAL METAPHORS THEY RECEIVE IN THERAPY

May, 1985

Kathryn Lee Dardeck, B.S., Boston University

M.Ed., Ed.D., University of Massachusetts

Directed by: Dr. William Matthews

This research investigated through three intensive case studies, clients' responses to therapeutic metaphor as a treatment technique in therapy.

Three females participated in the study, which was advertised as a short term therapy approach to smoking cessation. Each client attended eight to nine individual sessions. Therapeutic metaphor utilizing the general design of the Lanktons' model (1983) of multiple embedded metaphor, was a prominent feature of each session.

A treatment diagnosis was developed for each client utilizing the behaviorial, affective and developmental categories employed by the Lanktons (1983). Utilizing this information, a series of metaphors were then developed that paralleled each client's situation, and metaphorically resolved smoking problems.

Each client was asked to review, by videotaped replay, one particular session in which metaphor was employed. A structured interview was then used to determine what the client remembered thinking about during the telling of the metaphor, at each of the main stages.

Five weeks following each client's final session, she responded

to a questionnaire inquiring as to her perceptions of the metaphor treatment process.

The purpose of this study was to systematically obtain the client's post hoc perceptions of therapeutic metaphor. The findings were intended to inform the process of metaphor by obtaining the client's perspective. Accordingly, the study addressed clients' reactions to the five stages of multiple embedded metaphor as detailed by the Lanktons (1983). Through case examples the general purposes of each stage were corroborated.

Two of the three clients often made conscious associations between the matching and resource metaphors and their respective smoking situations. Rather than being detrimental to the therapy, this conscious processing seemed to aid the treatment by establishing each client's positive expectancy that she would hear stories in session that would address her concerns. Resulting from this finding, a hypothesis was generated suggesting that unconscious processing of metaphor is not necessarily requisite for successful therapy. Further, in cases of clients who are somewhat doubtful about such "alternative" treatments addressing their concerns, some conscious understanding of the metaphor's relevance to them may be beneficial.

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C H A P T E R I

THE PROBLEM

Introduction

Respected psychotherapists have long maintained that flexibility is a critical factor in facilitating change in clients (Haley, 1973, 1978; Weakland, Fisch and Segal, 1983). Psychotherapist flexibility can be described as the possession of a repertoire of both direct and indirect methods of handling client problems. One indirect method that has enjoyed increasing favor in the psychological counseling process during recent years is the use of therapeutic metaphor (Erickson and Rossi, 1979, 1980; Gordon, 1978; Lankton and Lankton, 1983; Rosen, 1983). The major purpose of this dissertation was to explore, through a case study approach, the relationship between therapeutic metaphor and clients who receive clinical therapy treatment using the metaphor technique. This was an exploratory study and the focus was on the treatment process, rather than treatment outcome. As this treatment process (therapeutic metaphor) is not limited in application to any one particular problem but crosses through all kinds of problems, the problem that was identified for treatment was not of particular significance to this study. This was a study of process, not outcome, and consequently the problem focussed on could be any number of things. Smoking cessation was the problem chosen on which to focus this study because it is an easily

observable problem and lent itself well to creating therapeutic metaphors. The results (findings) of this study are in no way intended to support, or not support, the effectiveness of therapeutic metaphor. Rather, they are intended to inform the process of metaphor by obtaining the client's perspective.

Statement of the Problem and Rationale

The practice of therapy is complex and challenging. It necessitates that the therapist be skilled in a variety of approaches or interventions for maximum effectiveness. One such therapeutic skill that has been increasingly used by therapists in recent years to facilitate behavior changes in clients is the use of therapeutic metaphor. At present, however, little has been written that qualitatively examines the therapeutic phenomena associated with this intervention, and no research has been conducted into the client's actual experience of this intervention and the resulting transderivational search processes. Accordingly, the problem that this study will address is the elucidation of the client's experiences and transderivational search processes resulting from listening to therapeutic metaphors in a strategic therapy milieu. This will be an exploratory and descriptive investigation, employing the case study method. It is proposed that an in-depth study of a small sample of clients might indicate certain specific and identifiable therapeutic phenomena.

What specific therapeutic purposes are served by speaking

metaphorically? Zeig (1980) proposes eight reasons for using metaphor during any stage of treatment to help accomplish the therapeutic goals. Zeig points out that all eight may be in operation at once and, therefore, these are not mutually exclusive categories.

They are:

- (1) to make or illustrate a point
 - (2) to suggest solution
 - (3) to get people to recognize themselves
 - (4) to seed ideas and increase motivation
 - (5) to therapeutically control the relationship
 - (6) to embed directives
 - (7) to decrease resistance
 - (8) to reframe and redefine a problem
- (Zeig, 1980).

Categories 1-3 are self explanatory. Seeding ideas (#4) involves delivering a metaphor with a message in it geared to a particular client and then seemingly leaving it. Later in the therapy session, the therapist would then return to that same idea and build on it. To increase a client's motivation, the therapist might tell a series of metaphors about some other clients who had similar situations with successful outcomes. This is to increase the current client's positive expectancy. Certain clients have difficulties related to their overwhelming "need" to be in control of everything. Metaphors can be used to occasionally throw a client off balance so that habitual patterns of controlling relationships can not be employed (#5). Embedded directives (#6) may be used as a way to focus a client's attention on an important idea by making a direct suggestion to the client within the context of the metaphor. In this manner, the therapist may bypass any conscious resistance on the client's part (#7).

Reframing a problem (#8) for the client is a technique that provides an altered and positive view of the symptomatic situation by placing the problem in a new or different context with a different meaning. This offers the client the possibility of more choice in his repertoire.

Metaphor seems to be employed in every type of therapy. Freud gave us the metaphor of sexual symbolism as a tool to help translate fantasies, dreams and "unconscious" associations. Jung remodeled Freud's sexual drive metaphor as humanity's main motivating force and replaced it with the "animus" and "anima" metaphors. Fritz Perls presented the therapeutic world with his "top dog" and "under dog" metaphors; Janov gave us the "primal" experience metaphor, and Werner Erhard's EST experience brought us the "it" metaphor.

Metaphors then, are a particular way of talking about experience. An argument can be made for considering all verbal communication made by native speakers of any language to be metaphorical representations of the particular speaker's experience (since language is not the experience itself). Humans are unique individuals and no two persons have the same exact inner workings. Each person's "world model" is composed of the experiences (and interrelations among these experiences) of that particular person (Gordon, 1978). Anything in our environment that can be understood in relation to the content of one's individual world model will make sense. In this manner, our respective world models impose meaningfulness upon the world through language. That which we cannot relate to our individual world model

is devoid of meaning for us, regardless of how obviously meaningful it may seem to anyone else (Smith, 1975).

Thus, in the practice of therapy when a client tells a therapist about her particular circumstances, she is giving the therapist a set of metaphorical representations. The therapist must then make sense of what has been presented. This of course, happens in relation to the therapist's own world model and since no two world models are identical, the therapist's understanding of what the client has presented is never identical to the client's actual experience. It is therefore important for the therapist to sometimes check out her understanding with the client to confirm that they actually are operating within a similar model. The therapist's effort to understand the client's unique world model is a crucial aspect of therapeutic change. The basic premise is that the therapist must comprehend how the client currently hears, grasps, and sees the world before she is able to assist the client in making a change. The process of bringing meaning to our experiences by going back through our models of the world is called the "transderivational search" (Gordon, 1978). This "search" is the key element in therapeutic metaphor, whose purpose is to initiate an unconscious search that will help the client find the personal resources and expanded frames of reference that will aid her with new ways of thinking, feeling and behaving while dealing with the particular situation that prompted her to speak to a therapist (Gordon, 1978).

Purpose of the Study

One of the predominant difficulties that therapists face in working with clients is trying to discern just how the client is or isn't integrating the therapy into his life. In other words, what does the particular client's transderivational search consist of? Is the client getting the therapist's intended message? Are the purposes of using therapeutic metaphor being realized in a given therapeutic session? This study is a preliminary investigation into how clients actually respond to therapeutic metaphor.

This study is not an outcome study. Rather, it is an exploratory study which is seeking to describe the various processes that clients go through when hearing a therapeutic metaphor. It is proposed that such an investigation of clients' processes will provide information about how clients utilize therapeutic metaphors. It will suggest the function which therapeutic metaphor serves within the therapy context as well as possibly yield information that may point to implications for future use.

This preliminary investigation is further intended to be used to pave the way for a more controlled and empirical study regarding the usefulness and success of therapeutic metaphor in a strategic therapy milieu.

Significance of the Study

The mental health clientele of today are a diverse population who come to therapists seeking help with all kinds of problems. Today's therapists see adults, adolescents and children and deal with individual symptomatic behaviors, as well as marital and family difficulties. Alcohol and drug abusers, wife and child abusers, psychotics and juvenile delinquents have all become commonplace in the day of the average therapist (Haley in Madanes, 1981). While the people seeking the aid of therapists are a varied population with varying socio-economic, religious and cultural backgrounds, the therapeutic techniques that are taught to many of our trained mental health practitioners are by and large standardized approaches and techniques that prove useful with some clientele, and extremely limited in effectiveness with others. In an age of ever increasing complexity the modern day therapist is finding a correspondingly increasing need for a variety and range of techniques that may be adapted to individual client's needs. Therapeutic metaphor is not a brand of therapy, nor is it a panacea. Rather, it offers the clinician another choice of treatment to use when appropriate, and as such, its significance is of obvious importance.

It is through language that most people are able to gain access to the meaning of their feelings, and the more flexible that language is the more easily one can get at those meanings. Metaphor provides language with flexibility, expressibility and a manner by which to

expand. It aids the functioning of cognition, language, memory and creativity (Billow, 1977).

A particularly important reason for producing language, of high interest to many therapists, is to change or influence behavior. Metaphor has been used to this end for centuries. The notion of metaphor as a fundamental part of human experience can be traced back quite far through the Bible. The parables of Jesus were filled with teachings for those who listened to them on the "right" ways to act and think. In much the same vein, Aesop's fables contained lessons on everything from the quirks of human nature with implications for exercising tolerance, to comments and speculations on the purpose of life (Gordon, 1979). What these and other stories (metaphors) have in common is that they all deal with beings (fictional or real) who are required to use their personal resources in dealing with various situations. Anyone listening to these stories may consciously or unconsciously identify with figures in the tale and apply the significant aspects to their own particular situation. The story that parallels some personal experience of the listener may help the listener look at their own situation in an open and non-defensive manner by removing the expected focus of attention from the listener to someone or something else, thus freeing up the listener's creative thinking capacity to view their own situation anew.

That metaphors can help unveil new ways of seeing situations is not entirely surprising. Lenrow (1966) points out that what he refers to as "playful use of metaphor" has had important impact in the history

of science, occasionally serving as catalyst for a creative reshuffling of theoretical ideas. For instance, Lenrow offers Kekule's theory of the benzene molecule's ring-like form. The notion of this molecule as ring-like evidently occurred to Kekule while he was resting in front of a fire, imagining rows of atoms "gamboling before my eyes," "twisting in snake-like motion," and "one of them seizing its own tail" (Lenrow quoting Findlay, 1948). Similarly in prose and poetry such as drama and journalism, metaphorical communication often aids the audience in appreciating new possibilities in familiar situations (Lenrow, 1966).

The implications for the valuable usage of metaphor outside the field of therapy have been well discussed in terms of how the structure of metaphor enables the listener to see familiar events in new ways. There is a seeming continuity between these creative utilizations of metaphor and those heard in the observations of experienced therapists such as Milton Erickson and Cloe Madanes (1981). In our increasingly complex world, the problems being brought into therapy are correspondingly complex and are calling for new and creative techniques. Therapeutic metaphor seems to offer therapists a powerful new tool in meeting the challenge of their increasingly complex clientele. As Stephen Lankton points out (personal communication, March 1982) whether these metaphors function in therapy as valuable contributors to the process of change currently calls for empirical illumination.

Limitations of the Study

There were several important limitations to this study. One is that given only three clients were studied, it is not possible to generalize from this research that the way in which each client responded to therapeutic metaphor is the way in which all clients who receive clinical therapy treatment utilizing this metaphor technique will respond. Because of the small number of people that were involved in the study (three), the sample is only large enough to point to directions for future work.

The impact of researcher bias and research context must be taken into consideration (Kagsborn and Davis, 1977). Self-report measures were relied on heavily in this study as clients were asked to explain their own internal processes. In addition, the author was both clinician and interviewer/researcher, and this may have contributed to researcher bias.

The fact that the clients studied knew that they were a part of a study may have skewed the results, as they possibly worked harder to show that they are good clients. As a matter of ethics, it was necessary that each client know that she was a part of a study, and this invariably led to some contamination of the study.

Only female clients who contacted the Psychological Services Center were considered for this study. In addition, advertisements for this study were placed in newspapers with a predominately under 35 years old readership. This means that the sample of clients were

not random.

Finally, as this was a study of process and not an outcome study, the success rate of therapeutic metaphor as an important treatment modality cannot be addressed.

Definition of Terms

In order to provide understanding of the meaning of the terms used in this study, the following definitions are offered:

- Imbedded commands: Directives issued to a client in an indirect manner, usually in the context of relaying a story.
- Isomorphism: The metaphorical preservation of the relationships occurring in the actual problem situation (Gordon, 1978).
- Reframe: To take a previously painful and unwanted experience or behavior and recast it as valuable and potentially useful (Gordon, 1978). Rather than take away a client's choice, this helps to increase it.
- Representation: An image of something which is different from the thing itself; a map or a model (Bandler and Grinder, Magic 1, 1975).
- Strategic Therapy: Has a strong emphasis on redirecting the repeating sequences or patterns in a client's behavior that contribute to problematic behaviors for that client. It is a highly directive therapy, in which the therapist is considered to be responsible for directing the client's attempts at solutions.
- Systems theory: A model of describing the unity of a person which family therapists use (replacing the focus on the individual client) to explain events in terms of the relations between

components or parts, rather than just the sum of the properties of isolated causal chains. Replaces the vocabulary of physics which had been concerned with one-way causality, and relations between an independent and dependent variable, through the use of spontaneity and feedback (von Bertalanffy).

Therapeutic metaphor: Any myth, tale or story that is deliberately offered to help or advise, that contains elements that parallel the client's particular situation.

Transderivational search: Process (either conscious or unconscious) of going back through one's world model in order to make sense out of a particular experience.

Organization of the Dissertation

This study contains five chapters. Chapter One presents an introduction to the study, statement of the problem and rationale, purposes and significance of the study and definition of terms. Chapter Two reviews the relevant literature. Chapter Three describes the design, sample and procedures used in the study. Chapter Four presents the data and Chapter Five summarizes the results and presents the conclusions and implications derived from the evaluation data.

CHAPTER II

REVIEW OF THE LITERATURE

Organization of the Chapter

This chapter is organized into three main sections. The introduction begins with a brief discussion of the role of language as it applies to the practice of therapy. Then, attention is given to the particular definition of metaphor that is being employed for use in this dissertation. In the first section ("Historic Uses of Metaphor") the historical uses of metaphor are traced through selected religions and children's stories. The second section ("Cognitive Role of Metaphor") begins with a theoretical perspective concerning how metaphor cognitively works in terms of the memory. Verbal Communication is then discussed as a metaphor of cognitive experience. The transderivational search is then defined and this section concludes with a metaphoric example of how metaphor works. The third section ("Therapeutic Purpose of Speaking Metaphorically") examines the functions metaphor serves both generally and specifically with regard to the therapeutic context. This examination begins with the early days of psychoanalysis, moves on through psychotherapy, and is followed through strategic therapy, concluding with the work of Milton Erickson and a selected review of two therapeutic metaphor models. A brief summary is presented in the conclusion, with an eye to the future in developing hypotheses for further investigation.

Introduction

Language offers many people an opportunity to gain access to the meaning of their feelings, and the more flexible that language is the more easily one can get at those meanings. Language is often looked upon as a great liberating force, as it frees the mind from complete dependence on the immediate appearance of reality in all its detail, allowing generalization and abstraction, as well as consideration of new possibilities. Psychologist Jerome Bruner describes this in the following way:

In effect, language provides a means, not only for representing experience, but also for transforming it. . . .Once a person has succeeded in internalizing language as a cognitive instrument, it becomes possible for him to represent and systematically transform the regularities of experience with far greater flexibility and power than before (1964, p. 4).

Metaphor provides languages with flexibility, expressibility and a manner by which to expand. It aids the functioning of cognition, language, memory and creativity (Billow, 1977). This chapter addresses the delight of expanded thinking that metaphor, as a particular form of language, can unlock; the limitless, creative and enlightened ideas, perceptions, and behaviors that spring forth from what is often a largely unconscious process as a direct result of metaphoric thinking in general, and therapeutic metaphor in specific.

A brief discussion of metaphor as it is technically defined, and as I intend to employ it for the purpose of this dissertation, would be useful here. According to the Thorndike Barnhart Dictionary

"Meta-phor" comes from the Greek meaning to "bear change or to transfer." According to this dictionary "metaphor" refers to ". . . a figure of speech in which a word or phrase that ordinarily means one thing is used of another thing in order to suggest a likeness between the two." This same dictionary further elaborates that metaphors, similies, and analogies all make comparisons, but the three differ in form and fullness. An analogy is usually a rather full comparison, showing several points of similarity. A similie makes the comparison exact by labeling it with an introductory word such as "like" or "as." A metaphor is the shortest and most compact of these comparisons. In what is traditionally considered metaphor, the likeness is implied rather than stated explicitly. Typically the writer asserts that one thing is another (in some respect), or suggests that it acts like or has some of the qualities of something else as in the examples "a copper sky" or "a heart of stone." Numerous technical differentiations can be made between metaphor and other comparative figures of speech (similies, parables, analogies) but in the scope of this dissertation I will use the term metaphor in a general, all-encompassing sense to refer to any myth, tale or story that is deliberately offered to help expand the listener's perceptions of a particular situation, or to advise. Similarly, if the clients listening to the story imply for themselves such an advisory relationship, then that particular tale becomes a metaphor for those particular persons (Gordon, 1978).

Historic Uses of Metaphor

Metaphor in Religion

The notion of metaphor as a fundamental part of human experience can be traced back quite far through the Bible. In one of the most tender metaphors of the Bible, Hosea imagines God yearning over the Jewish people as though they were toddling infants:

I taught Ephraim to walk,
 I took them up in my arms . . . ;
 I led them with cords of compassion,
 with the bands of love . . .
 How can I give you up, O Ephraim!
 How can I hand you over, O Israel!
 My heart recoils within me,
 my compassion grows warm and tender
 (Hosea 11:34, 8).

This metaphor is an illustration of the Jewish conception of God as a God of love, and the Jewish people as God's beloved children (Smith, 1958). How much more powerful to read this metaphor than to read "The Jews believed God was loving!"

Religions in general have long been rich in metaphors, symbols and implied teachings. In Jewish culture this is made particularly evident through the many writings of the Torah, Talmud and Midrashim. The Torah is the Hebrew name for the first five books of the Bible that contain the history of the Jewish people. The Talmud is a large collection of law, commentary and folklore which presumably instructs the Jew how to live an ethically sound life. The Midrashim which is believed to have begun developing pre-Bible and wasn't finished until the late Middle Ages, houses an extensive array of legend,

interpretation of the Scriptures and Sermons. In total, the three offer what almost appears to be an inexhaustible supply of metaphor, among other things (Smith, 1958).

Maimonides was a revered talmudist during the twelfth century. In Nahum Glatzer's edited Jewish Reader, in "For the Sake of Truth," Maimonides relays the following story about learning the Torah to a group of learned elder men who have come to him for advice concerning instilling faith and learning in the adults of their community . . .

It is time for a young boy to study the Torah and carry on in his family's tradition. But the young boy is too young to really understand how important and meaningful a thing this is. So his teacher says to him, "Read, and I shall give you nuts, and figs, and honey." And the young boy makes an effort, not because of the sweetness of the readings, but because of the sweetness of the eating. As the boy grows older, no longer to be tempted by sweets, his teacher says to him: "Read, and I shall buy you fine shoes and garments." Again the boy reads, not for the fine words, but for the fine clothing. As the boy reaches young manhood and the new clothes become less important to him, his teacher now tells him: Learn this paragraph, and I shall give you a dinar, or perhaps even two dinars." The young man studies now not to attain the learning, but the money. And still later, as his studies continue into his adult life, when even a bit of money comes to mean less to him, his teacher says to him: "Learn, so that you may become an elder and a judge, that the people honor you and rise before you, as they do before this one and that." Even at this stage of life, then, this student learns, not in order to exalt the Lord, but so that he himself will be exalted by other men. (Glatzer, 1966, p. 48).

Maimonides goes on to point out that, "All this is contemptible because wisdom must not be pursued with a motive, not in order to obtain honors from men, not to gain money, and not to provide for oneself by the study of God's Torah" (p. 49). However, he then points out that studying the Torah's a very difficult matter; further, he

acknowledges that most men act to either gain an advantage or to avoid harm, and to attempt to convince them of the sense of acting on any other basis would be most difficult. Maimonides then draws a parallel between the boy in the story who the teacher is trying to help study and the actual adults in this community. Maimonides suggests that by offering the possibility of reward as a first step toward influencing people to study, the learned elders will have at least begun the process. In effect, he is teaching that the elders should meet people where they are and work with them at that stage, whatever it is, until they are adequately strengthened to do what they should simply because they should.

The parallels in the metaphor to the actual situation are obvious. Maimonides chose to use a very similar situation for his illustrative story. Its effectiveness, in this particular case, may even be attributed to this obviously similar situation in which a resolution is reached that could be easily adapted by the elders seeking Maimonides' advice. What Maimonides has done is simply to present a similar situation to help solve the problem. The recipients of the story of metaphor (the elders) are free to derive their own meanings from this tale, and to apply (or not) whatever they find particularly relevant to their own situation. The choice is theirs.

The Kabbalah was an ancient mystical search for enlightenment that had its roots in early Judaism. It required its followers to study the "Book of Splendor" (Zohar). This text was extremely metaphorical in content and largely open to individual interpretation as a

result. Its instruction was by implication as opposed to direct statement (Scholem, 1965). Students of the Zohar were expected to have scholarly command of its writings while simultaneously engaging in mystical speculation about their meanings and relevances (Kopp, 1971). The Zohar is written in a style of language that is highly reliant on symbolism, and as such the text is rather abstract and vague. This created a population of self-taught Kabbalists, all of whom had differing interpretations (Scholem, 1965). The reason for this, of course, was that since the writings were non-specific and indirect, the individual reader had to derive his own meaning. In order to do this, each person had to rely on his unique set of experiences and thinkings, and since these varied from person to person, the meanings attached to the writings often differed. The Kabbalists believed that the decoding of the various symbols of the Zohar would lead them to the hidden meaning of life, which is not unlike the orthodox psychoanalysts (Kopp, 1971). Not surprisingly, the Kabbalists "discovered" varied and numerous meanings of life!

During the eighteenth and nineteenth centuries another Jewish mystical movement arose called Hasidism. Unlike the Kabbalah, Hasidic scripture declared that "everything is fundamentally open to all, and everything is reiterated again and again so simply and concretely that each man of real faith can grasp it" (Buber, 1966, p. 48). Hasidism is full of legends that are often told through the voice of the Zaddik, or Hasidic spiritual leader (similar to a rabbi). A typical example follows:

On the eve of the Day of Atonement, when the time had come to say Kol Nidre, all the hasidim were gathered in the House of Prayer waiting for the rabbi. But time passed and he did not come. Then one of the women of the congregation said to herself: "I guess it will be quite a while before they begin, and I was in such a hurry and my child is alone in the house. I'll just run home and look after it to make sure it hasn't awakened. I can be back in a few minutes." She ran home and listened at the door. Everything was quiet. Softly she turned the knob and put her head into the room - and there stood the rabbi holding her child in his arms. He had heard the child crying on his way to the House of Prayer, and had played with it and sung to it until it fell asleep.

(Buber, 1966, p. 87).

What is the meaning of this metaphor? That depends on who is reading it. For example, a woman who has been feeling particularly pressed for time lately, and who has worried that she may be short-changing her children of her time as a result, could conceivably read this metaphor and interpret it as a direct rebuke. Another person might decide the message of importance in the metaphor is that religious leaders are just caring and loving everyday people. Still another interpretation might be that one should never leave a child home alone. And still another might be that a woman's place is in the home, not in a house of prayer. The possible meanings ascribed to the story are many and are directly influenced by the particular individual who is interpreting the story in relation to their own particular experiences. It is the recipient of the metaphor or story who fills in the meaning.

The nature of metaphor as an externalization agent becomes apparent as we recognize its capacity to bring out our internal processes and project them onto storylike representations so we

might view them with new understanding. The metaphoric use of storytelling has great therapeutic use in this way. The story that parallels some personal experience of the listener helps the listener look at her own situation in an open and non-defensive manner by removing the expected focus of attention from the listener to someone or something else, thus freeing up the listener's creative thinking capacity to view her own situation anew. Evidently this is the rationale in the practice of traditional Hindu medicine for giving the emotionally distressed patient a meditation in the shape of a fantasy that lends form to the individual's specific trouble. The belief was that by thinking about the metaphor and bringing one's own associations to it, the "sick" person could figure a way out of her distress by visualizing the nature of her problem through what the particular tale implied about the protagonist's despair, hope and way of dealing with her difficulties (Bettelheim, 1977). The metaphor (in this case, the Hindu meditation) offers the recipient the opportunity to find her own personal answers, through pondering what the meditation seems to imply about her particular inner dilemmas at that particular time in her life.

Christianity too, is very rich in metaphor. In Jesus' teachings, he told parables in which he made comparisons taken from nature and common life experiences and designed them to illustrate some religious or moral truth, - based on the assumption that what is valid in one situation is transferably valid to a similar situation. Jesus' parables usually dealt with ethical matters or matters of theology (the

nature of God and God's dealings with mortals). While it is not within the scope of this dissertation to describe and examine each and every metaphor that is mentioned, examples of the first type of parable (ethical matters) can be found in The Good Samaritan (Luke 10:30-37), and The Prodigal Son (Luke 15.11-24). Examples of the latter include The Great Supper (Luke 14.16-25) and The Lost Coin (Luke 15.8-10).

Before leaving Jesus' parables, I would like to note that in the early church Christian teachers sometimes changed the details of these parables in the retelling to help make the metaphors more relevant to their particular situations or to illustrate an application more clearly. The small change in word order in Matthew and Luke's retelling of The Wicked Tenants parable is an illustration of this. When the vineyard owner had his son go to the tenants to get some of the fruit in Mark 12.8, they "killed him, and cast him out of the vineyard." Recognizing a parallel between what happened to Jesus when he was crucified outside the walls of the city, Matthew and Luke modified the clause order to, "they cast him out of the vineyard, and killed him" (Mathhew 21.39; Luke 20.15).

It apparently was not uncommon to change the metaphors that Jesus told his opponents into metaphors for his disciples. A good example of this occurs in Luke (15.4-10) when the Lost Sheep parable is relayed to Jesus' opponents as a response to the complaints the scribes had about him (15.2). . .

Now the tax collectors and sinners were all drawing near

to hear him. And the Pharisees and the scribes murmured, saying, "this man receives sinners and eats with them." So he told this parable: "What man of you, having a hundred sheep, if he has lost one of them, does not leave the ninety-nine in the wilderness, and go after the one which is lost, until he finds it? And when he comes home, he calls together his friends and his neighbors, saying to them, 'Rejoice with me, for I have found my sheep which was lost.'" Just so, I tell you, there will be more joy in heaven over one sinner who repents than over ninety-nine righteous persons who need no repentance.

And in Matthew (18.10-14) the same parable is retold, but with a notable difference. It is directed to a different audience - this time the audience being Jesus' disciples (18.1-4) on the topic of how Christians should relate with Christians.

At that time the disciples came to Jesus, saying, "Who is the greatest in the kingdom of heaven?" And calling to him a child, he put him in the midst of them, and said, "Truly, I say to you, unless you turn and become like children, you will never enter the kingdom of heaven. Whoever humbles himself like this child, he is the greatest in the kingdom of heaven. . . "See that you do not despise one of these little ones; for I tell you that in heaven their angels always behold the face of my Father who is in heaven. What do you think? If a man has a hundred sheep, and one of them has gone astray, does he not leave the ninety-nine on the mountains and go in search of the one that went astray? So it is not the will of my Father who is in heaven that one of these little ones should perish.

This seems to be an excellent precedent case for modern day therapists who exert similar adaptability in their use of metaphor.

Jesus' metaphors in many instances were related long after their original purposes had been lost. It is not difficult to find passages in the Bible where the metaphors of Jesus are offered in a number of circumstances by the Evangelists, who neglect to properly

credit the creator of the parables (May, Metzger, eds., 1973). This again, seems to be a precedent of sorts in making it acceptable for metaphors that are used to advise or instruct to be borrowed, modified and used without crediting the original author.

While Jesus is perhaps the most well known Christian to apply the creative aspects of metaphor in his teachings, he is not without rival when it comes to beautifully influential, metaphoric language. Meister (Master) Eckhart was a well known fourteenth century German mystic of the Dominican order. He too, taught people about God and love, and his metaphorical teachings almost always contained large doses of loving humor, as in the following example.

Meister Eckhart met a beautiful naked boy.
 He asked him where he came from.
 He said: "I come from God."
 Where did you leave him?
 "In virtuous hearts."
 Where do you find him?
 "Where I part with all creatures."
 Who are you?
 "A king."
 Where is your kingdom?
 "In my heart."
 Take care that no one divide it with you!
 "I shall."
 Then he led him to his cell.
 Take whichever coat you will.
 "Then I should be no king!"
 And he disappeared.
 For it was God himself -
 Who was having a bit of fun
 (Eckhart quoted in Happold, 1967, p. 251).

Meister Eckhart was apparently "having a bit of fun" himself in this delightful metaphor. He combined the serious teachings of his time with his gift for humor and told stories and said things that helped "create new possibilities for those who heard him.

According to Happold (1967) the above tale which describes a way of being with God in the world, inspired generations of German mystics to follow Meister Eckhart's path. Why is it that generations (hundreds of people) can read or hear the same words and they are all inspired? The nature of metaphor is that the language is general enough to mean any number of different things, and it is up to each individual reading or listening to it to develop individualized meanings. While no two persons within a given culture have the exact same interpretations of the world around them, there will be many similarities because of their shared culture. By relating Master Eckhart's tale to themselves, for example, other German mystics found the places that were particularly meaningful for them in their individual lives, and as such, the tale became inspirational to hundreds of people for varying reasons.

In this writer's opinion, Master Eckhart was indeed a master of the art of humorous, creative persuasion. Witness one final metaphor from the Meister which he offers in response to a person who has inquired as to the path that leads to enlightenment:

When a soul lives in love and purity, God plays and laughs. When God laughs at the soul and the soul laughs back at God, the persons of the trinity are begotten.

(Eckhart in Happold, 1967, p. 245).

This metaphor is particularly moving to some who may not believe in the trinity or Christianity. However, there may be something in their particular world model that helps them attach meaning to this quote from Eckhart. The reader may enjoy this metaphor for other

reasons, or perhaps not enjoy it at all. Once again, it is the recipient of the metaphor who gives the metaphor meaning.

Metaphor in Children's Stories

Just as metaphors flourish in religion so are they found permeating children's stories. Because fairy tales, fantasies and the like are the language of the child's inner world, metaphor is a particularly wonderful approach from the outside into the inner world of the child (Watzlawick, 1978). Children's fantasies often have their origin in some story that they've read or been told. The form of folk and fairy tales in particular, offers the child a medium with which he or she can create these fantasies and put unconscious content into conscious fantasies, which in turn, helps in dealing with that content (Bettelheim, 1977). Standard fairy tale characters might include any of the following four groupings:

- (1) fairy queens, wicked fairies and fairy godmothers
- (2) witches, giants, trolls and ogres
- (3) leprechauns, pixies, elves, gnomes and dwarfs
- (4) nymphs, mermaids, druids

All of these character types are especially able to represent emotions that a child might be experiencing in a way that is very immediate and real to the child. Typical patterns of fairy tales include:

- (1) an enchanted princess or prince must remain in the form of an animal until a specified task is accomplished by the heroine or hero (Beauty and the Beast).
- (2) a rash promise is made under pressure, or made lightly, which may be narrowly escaped, or perhaps fulfilled (Rumpelstiltskin).
- (3) a princess is put under a spell or locked up in a tower and can only be saved by the efforts of a prince charming (Rapunzel).

In The Uses of Enchantment, Bruno Bettelheim states that, "Rich personal meaning is gained from fairy stories because they facilitate changes in identification as the child deals with different problems, one at a time" (1977, p. 17). One outstanding example of such a child's story that allows for these sorts of developmentally important changes in identification is L. Frank Baum's The Wizard of Oz. There are four main characters that we follow throughout this tale. They are Dorothy -- who is separated by a cyclone from her aunt, uncle and home and is swept away to the perplexing town of Oz; the Scarecrow -- an apparent simpleton who has no brains; the Tin Man -- a former flesh and blood lumberjack who was hurt so many times that his body parts were all replaced with tin, except for his heart which was never repaired; and the Cowardly Lion -- who lacks courage and puts out great bravado. It is the traumatic experience of being torn away from familiar surroundings of her home that initiates Dorothy's quest for help. When she meets the Good Witch of the North she asks her for aid. The Good Witch gives her a pair of silver slippers with instructions to never take them off, and makes a referral to the famous Wizard of Oz for further treatment. Sheldon Kopp offers a clever and witty rewrite of dialogue from this well-known children's tale as an initial intake interview:

Therapist: I am Oz, the Great and Terrible. Who are you, and why do you seek me?

Patient: I am Dorothy, the Small and Meek, I have come to you for help. I am lost out here in this world, and I want you to get me back to Kansas.

Therapist: Why should I do this for you?

Patient: Because you are strong and I am weak, because you are a great Wizard and I am only a helpless little

girl.

Therapist: But you were strong enough to kill the Wicked Witch of the East.

Patient: That just happened. I could not help it.

Therapist: Well, I will give you my answer. You have no right to expect me to send you back to Kansas unless you do something for me in return. In this country everyone must pay for everything he gets. If you wish me to use my magic power to send you home again, you must do something for me first. Help me and I will help you.

Patient: I will do anything you ask, anything. Only tell me. What must I do?

Therapist: Kill the Wicked Witch of the West.

Patient: No, that I cannot, will not do.

(1971, pp. 92-93).

Just as the spiritual and religious leaders had mastered and understood the art of indirect instruction, so had the Wizard, who refused to let the motley crew of Dorothy and her gang off the hook when it came time for them to follow his directive to kill the Wicked Witch. After futile attempts to convince the Wizard of their respective helplessness, the crew begrudgingly sets out on their own to accomplish the task. They do, of course, manage to rise to the challenge and in doing so discover their respective individual inner powers and strengths. The Tin Man learns that he wasn't missing a heart, only the willingness to deal with unhappiness. The Scarecrow realizes his dilemma was not that he lacked a brain, but that he had shunned the situations in life that would educate him. The Lion came to see that bravery was having the faith in himself to know that even though he was scared he could confront a frightening experience. Dorothy's realizations embody all the others as she learns that she could have gone back home at any point by simply using her silver slippers. In fact, the entire story can be viewed as a metaphor for understanding that we all

have the ability to make changes in our lives, to be just about anything we want and to go wherever we want if we are willing to accept the responsibility for doing these things (Kopp, 1971). This children's tale as a metaphor is a powerfully liberating vision whose heroes are not only attractive to the child, but who are equally capable of eliciting the child's sympathy and identification with them as they move from one crisis to the next, leaving their learnings metaphorically imprinted on the child. Children's metaphors in the form of fantasies, fables, and so on, present an opportunity for children to feel that they have managed to successfully live through a difficult experience, through repeated hearing and thinking about the tale. Children, as well as adults, learn best by experiencing things themselves, by grappling for solutions on their own, and finding out with whom they identify. Human beings do not find meaning in their lives by merely having things explained and pointed out to them (Bettelheim, 1977). The better writers and therapists seem to know and understand this.

Thus far we have had a generally illustrative discussion of selected historic uses of metaphor. In the next section we turn to a more theoretical examination of the role of metaphor - first in a general context, and then in Part III, with specific regard to the practice of therapy.

Cognitive Role of Metaphor

Memory

It has been posited that metaphor as a linguistic tool is especially well adapted to overcoming the bottlenecks of memory (Sticht, Ortony (ed.), 1979). Cognitive psychologists theorize that there are basically three operating characteristics of what we refer to as memory. The first, short term memory, is a temporary warehouse for data that we want to remember only briefly. The second is long term memory. This area is a relatively permanent compilation of all of our knowledge and beliefs about the world and ourselves. The third aspect of memory is often referred to as the sensory store. It is here, psychologists theorize, that the brain deals with a steady stream of incoming information, holding it and perhaps analyzing this new data for about a second while the brain decides what to do with it (Smith, F., 1975).

Short term memory is theoretically limited to about six or seven items at any one given time. If this amount is exceeded, the information either is transferred to long term memory or it is lost (Miller, 1956). An integral aspect of this theory is the assertion that only one item can be transferred to long term memory from short term memory every five seconds (Smith, F., 1975). The obvious question to emerge from this is what exactly comprises an "item"?

To a large extent, the answer to this question is dependent on how the brain is analyzing and organizing the incoming information.

For example, if you are reading individual letters on a page, then your brain is going to process single letters into your short term memory, with one individual letter being transferred to the long term area every five seconds or so. If, however, you are looking at words on a page, your brain would be processing about six words in your short term memory at a given time and depositing one word (as opposed to one letter) into your long term memory every five seconds. Therefore, if you are looking at metaphors (representations of ideas) on a page your brain would be processing approximately six metaphors or ideas in your short term memory at one given time, transferring one idea (as opposed to one word or one letter) into your long term memory every five seconds or so. This efficient process of giving meaning to new units by relating them to something that is already known (and therefore that makes sense) within the frames of reference of any given individual is called "chunking" (Smith, F., 1975). It is essentially making larger units out of smaller units.

In simplistic terms, memory will be overloaded and therefore ineffective, if the incoming information is received as fine-detailed, fragmentary and particulate. Incoming information that is new or in opposition to our current beliefs (such as that which we often give our clients during therapy) is the most difficult to get in and out of long term memory. Therefore, the more we can integrate that new information with what we know already, the easier it will be to put that information to use in helping us make sense out of our situations (Smith, F., 1975). Metaphor is ideally suited for this purpose.

In a therapeutic context, it is not necessary to change the client per se, in order that she or he live more meaningfully. Rather, what is required is to change or expand the client's frames of reference as a means of providing a new way to view the situation. The preceding description of memory is offered with the intention of cognitively illustrating and theoretically justifying this particular usefulness of metaphor. It is in the scope of the fourth and fifth chapters to present and analyze a number of metaphors in this light.

Verbal Communication as a Metaphor of Cognitive Experience

Metaphor seems to be employed in every type of therapy. Freud gave us the metaphor of sexual symbolism as a tool to help translate fantasies, dreams and "unconscious" associations. Jung remodeled Freud's sexual drive metaphor as humanity's main motivating force and replaced it with the "animus" and "anima" metaphors.¹ Fritz Perls presented the therapeutic world with his "top dog" and "under dog" metaphors; Janov gave us the "primal" experience metaphor, and Werner Erhard's EST experience brought us the "it" metaphor.

Metaphors then, are a particular way of talking about

¹Jung called the personification of the feminine nature of a man's unconscious and the masculine nature of a woman's unconscious, the anima and animus respectively. According to Jung the anima and animus most typically manifest themselves in personified form as figures in fantasies and dreams (e.g., "dream girl," or "dream lover"), or in the so-called "irrationalities" of a man's feeling and a woman's thinking. Jung believed them to be highly influential as behavioral regulators (Jung, 1963).

experience. An argument can be made for considering all verbal communication made by native speakers of any language to be metaphorical representations of the particular speaker's experience (since language is not the experience itself). Humans are unique individuals and no two persons have the same exact inner workings. Each person's "world model" is composed of the experiences (and interrelations among these experiences) of that particular person (Gordon, 1978). Consider Figure 1 below:

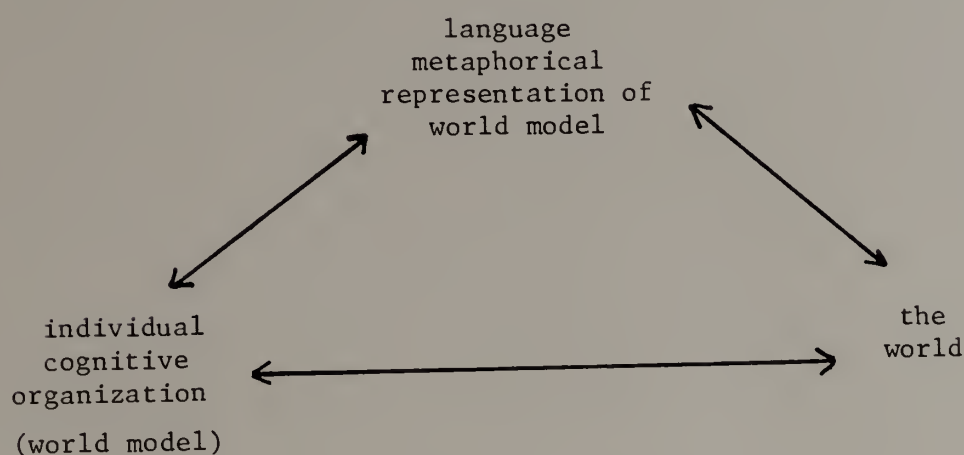


Figure 1. Interactive feedback loop.

This is a simple illustration of how an individual world model is related to the so-called "objective reality" of the world. Anything in our environment that can be understood in relation to the content of our individual world model will make sense. In this manner, our respective world models impose meaningfulness upon the world through language, as the arrow's direction is meant to indicate. The

"interactive feedback loop" is intended to illustrate that the so-called "objective world" influences our individual world models and vice versa, and therefore this is a circular process (as opposed to a linear representation). That which we cannot relate to our individual world model is devoid of meaning for us, regardless of how obviously meaningful it may seem to anyone else (Smith, 1975).

The Transderivational Search

The information to be gleaned from this and applied to the practice of therapy is twofold: 1) When a client tells a therapist about his particular circumstances, he is giving the therapist a set of metaphorical representations. The therapist must then make sense of what has been presented. This of course, happens in relation to the therapist's own world model and since no two world models are identical, the therapist's understanding of what the client has presented is never identical to the client's actual experiences. It is therefore important for the therapist to sometimes check out his understanding with the client to confirm that they actually are operating within a similar model. The therapist's effort to understand the client's unique world model is a crucial aspect of therapeutic change. The basic premise is that the therapist must comprehend how the client currently hears, grasps, and sees the world before he is able to assist the client in making a change. 2) The process of bringing meaning to our experiences by going back through our models of the world is called the "transderivational search" (Gordon, 1978,

p. 17). This "search" is the key element in therapeutic metaphor, whose purpose is to initiate either a conscious or (ideally) an unconscious transderivational search that will help the client find the personal resources and expanded frames of reference that will aid him with new ways of thinking, feeling and behaving while dealing with the particular situation that prompted him to speak to a therapist (Gordon, 1978).

A Metaphoric Example of How Metaphor Cognitively Works

Belth (1977) uses the metaphoric example of a lens to explain how metaphor actually works. He describes this operation as one in which we look at a particular situation by embedding it within a second separate context which becomes the lens through which we are now able to see the original situation in a new light. Thus, the metaphor (or lens) while retaining its particular uniqueness, acts as a cognitive filter yielding another perspective on the original situation by emphasizing and de-emphasizing various characteristics of the original situation.

Consider the following as an illustration of this lens theory:

The acrobatic creation of a human pyramid is a possible metaphor for civilizational growth. Like an acrobatic team, each new generation lifts itself onto the shoulders of its predecessors. And as the pyramid builds upward, small and lighter people are needed; the positions become more precarious; dependency upon those who came before increases; more balance is demanded; and more power is given. But are these top-most people really more powerful in, of, and by themselves? Does the growth in human strength match the growth in culture? Do we live in the illusion of the child who asks to ride on his father's shoulders and exclaims: "I'm taller

than my daddy!"? Is he really taller or not?
(Biron, 1975, unpublished metaphors).

In this metaphor the original situation being addressed is civilizational growth (dependency, balance and power) and a "new" perspective emerges through this filter in which our civilizational development can be viewed (in a sense) as standing taller, but being shorter.

The implications here for relevance and beneficial use in therapy ostensibly lie in the generalized ability of metaphoric expression to help unlock the rigid thinking and behavioral patterns in which clients often engage.

Therapeutic Purposes of Speaking Metaphorically

In Psychoanalysis

During the early days of psychoanalysis, sexual symbolism was used as a metaphoric tool by the therapist to help translate fantasies, dreams and "unconscious" associations of clients. During this era, client's metaphor was perceived as a means of cloaking the real meaning of things. This was believed to be an unconscious process on the part of the client, and it was regarded as being up to the analyst to interpret these secret symbols and lend insights by revealing these interpretations to the client.

Sharpe, in the early part of the 1940's, built upon this earlier model of psychoanalysis and took it a step beyond. Still subscribing to the theory that metaphor was a cloak for underlying meanings and

motives, she based her use of her clients' metaphoric expression on the following assumptions:

- (1) Metaphors develop as second-order derivations of the emotions accompanying libidinal discharge.
 - (2) Spontaneous metaphor used by a patient proves upon examination to be an epitome of a forgotten experience.
 - (3) Since the earliest of all verbal images (preconscious) are the sounds of words, it behooves the analyst to attend to the patient's phonetic associations.
 - (4) Most patients' metaphors center upon pre-genital and Oedipal experiences.
 - (5) Metaphor gives information concerning instinctual tension.
 - (6) The type of image derived from the patient's metaphors is highly informative; for example, visual imagery versus auditory imagery.
- (Pollio, Barlow, Fine and Pollio, 1977, p. 105).

The notion that every act had a cause and therefore, "all behavior could be understood" was introduced by psychoanalysis (Kopp, 1971, p. 133). The theory that unconscious processes are always operating in the production and comprehension of metaphor motivated much of this psychoanalytic approach to therapy. Metaphors produced by the client in the shapes of jokes, slips of the tongue and dreams were all used by the psychoanalyst to get at the client's "unconscious," and reveal these "true" meanings to her. The metaphor utilized in psychoanalysis then, was by and large that which was produced by the client.

In Psychotherapy

In direct contrast to that is the use of metaphor in psychotherapy proposed by clinicians in the early 1960's who suggested that the therapist create and tell the metaphors in order to generate multiple

levels of meanings and possibilities from which clients could then derive new thoughts and interpretations of their particular situations.

This use of metaphor with its emphasis on promoting insight is discussed by Levy (1963) as an interpretive concept. In his theory, the value in the therapist's generation of metaphor lies in the assertion that metaphor (like other interpretive concepts) brings an alternative frame of reference to the client's situation. This may help the client to view her difficulty in a new way such that she is able to alter her behavior (Lenrow, 1966).

In an earlier discussion of the therapeutic purposes of speaking metaphorically Butler (1962) theorizes that what he refers to as "vivid metaphor" may activate the widest variety of associations in the client, thereby making accessible to him the largest variety of experiences from which he may derive new insights on his behavior. By "vivid metaphor", Butler apparently is referring to the language of representation. He proposed that the use of this language in such a metaphorical manner as to reflect behaviors of a client (for example: "you are coming up for air", "you're coming out of your shell", "you are dragging your heels") will be most beneficial in that it will increase insight into the client's own behavior (Lenrow, 1966, p. 145).

In the Myth of Metaphor (1962) Turbayne, who is a philosopher, suggests three purposes served by speaking metaphorically:

- (1) to offer perspective on a situation by structuring it in such a way as to look at one thing in terms

- of another.
 - (2) to integrate diverse ideas.
 - (3) to activate a change in behavior or outlook by acting as a set that emphasizes some features and suppresses others.
- (p. 21).

All three of these purposes seem to encompass the theories of Levy and Butler about the value and use of metaphor in therapy; and Turbayne's third purpose is identical to Marc Belth's description of metaphor as a lens or filter.

Peter Lenrow (1966) incorporated the theories of Levy, Butler and Turbayne into his own in which he presents a case for viewing psychotherapy as a special instance of social influence. Lenrow's seven particular purposes for speaking metaphorically in a therapeutic context are as follows:

- (1) In working with a client, a therapist through the generation of metaphors, may offer a model of willingness to experiment with novel ways of looking at behavior. By adopting this willingness, the client may, in turn, find new and more productive alternatives for behavior.
- (2) Metaphors serve to simplify behaviors and events in terms of a model that highlights some features more than others.
- (3) The usage of concrete referents of metaphorical language in a way that is clear and comprehensible to the client, can create and highlight a shared understanding and experience between therapist and client, reducing the client's sense of estrangement from the speaker.
- (4) Metaphors have a part-playful, part-serious quality that allows the therapist to address highly personal characteristics of the client without seeming intrusive.
- (5) The structure of metaphor is particularly well designed for the therapist to summarize his observations about the ways in which the client deals with different situations in a similar manner.
- (6) Metaphors can suggest to a client concepts that are particularly relevant to that client and based in

concrete experiences, that illustrate his style of relating to others and thereby highlight some of the subtle social roles that the client assumes.

- (7) Once learned and integrated, metaphorical concepts are likely to transfer easily to new situations that the client enters, or old ones that are re-entered because metaphors connote relational traits that two referents share in common, as opposed to common discrete elements. Therefore, these concepts can be relevantly applied in a variety of situations.

(1966, pp. 146-148).

The models considered thus far have used metaphor as a tool to reveal therapeutic insights. We have observed the changing usage of metaphor in therapy from client-based production to therapist-based production. In the next section we shall continue to explore the developmental usage of metaphor in therapy - maintaining the therapist's production of metaphor as central, and taking the model, once again, a step further.

In Strategic Therapy

Erickson. In contrast to all of the aforementioned authors who believed that metaphor produces insight in the client which will lead to change, the more recent work of the late Milton Erickson, M.D., and a number of his students points to a more unconscious mode of behavior change produced by therapeutic metaphor.

Erickson was a master in this special use of therapeutic metaphor. Long regarded as the world's foremost practitioner of medical hypnosis, Erickson developed a style of using metaphor therapeutically that often did not involve formal trance induction. He used the approach of a strategic therapist; that is, he took the responsibility

for directly influencing his clients. His approach evolved directly out of his hypnotic orientation. Training in hypnosis greatly develops one's skill in motivating clients to follow directives, in observing clients' patterns of communication, and in using one's own resources (voice tones, body movements, language) to influence clients. Erickson combined all of these skills in his use of therapeutic metaphor. He dealt with the multi-level metaphoric messages that are continually communicated between people during an interchange by the way he observed, listened and responded to clients. His therapeutic suggestions, rarely direct, were often tucked away in the many metaphors he told that pertained to clients' problems. For instance, if approached by a couple concerning their sexual relations but who preferred to avoid direct discussion on this matter, Erickson would use metaphor to provide just enough psychological distance for the couple to be able to tolerate this discussion of their sexual relations. He would focus on a parallel metaphor -- a link between the dynamic of their current sexual relations and how they would prefer this to be -- and then change that as a means of altering their sexual behavior. To do this he might use the metaphor of dining together and in talking with them he would elicit their respective preferences. Perhaps the woman enjoys hors d'oeuvres prior to her meal, while the man would rather jump right into the meat and potatoes. The man, who may be quick and direct, may want to simply have the meal over while the woman may prefer to prolong and savor it. Erickson would quickly change metaphors if the couple began to consciously associate their

meal with their sex relations, moving back to this metaphor later on, or using a similar analogy in a new metaphor that is just outside the couple's conscious awareness. He might have culminated this discussion by giving a directive that the two have an enjoyable dinner on a mutually agreed upon night. Erickson would employ this use of metaphor to move the couple from an increasingly enjoyable meal to an increasingly enjoyable sexual relationship. The particular benefit of using metaphor to accomplish that would be that the couple could change without really consciously trying. Their unconscious processes could take over, allowing their conscious minds to rest and perhaps more importantly - not to interfere (Haley, 1973). Erickson believed that things worked best when they operated automatically or unconsciously. His use of therapeutic metaphor then, was a deliberate choice to employ an indirect manner in order to effect change as quickly as possible.

Rossi. Unconscious search by the client is a central element in the process of metaphor. Rossi (1979) in his work with Milton Erickson suggested that the existence of a symptom was a symbolic communication from the unconscious mind (or non-dominant hemisphere) of some conflict within the individual. Rossi sighted the classic example of psychosomatic symptoms as support for his position.

Rossi believed that metaphor, puns, jokes, and imagistic play communicate in ways that bypass or supplement the client's usual frames of reference. Thus a metaphor can circumvent the client's

erroneous or limiting conscious set and effectively mobilize unconscious processes that the client's restricted conscious mind was unable or unwilling to do (Erickson, Rossi & Rossi, 1976).

Research (Galin, 1974; Gazzaniga, 1967; Rossi, 1979; Sperry, 1968) suggests that the effectiveness of a metaphor may lie in its appeal to the non-dominant hemisphere of the brain. The dominant hemisphere is primarily responsible for processing logical, analytical, and/or verbal information. The non-dominant hemisphere, on the other hand, is more skilled in the processing of analogical, visuo-spatial, kinesthetic, and imagistic information. Rossi (1979) hypothesized that because the non-dominant hemisphere is primarily associated with emotion and body image, it is responsible for the formation of psychosomatic symptoms. Thus a client's symptoms may be a function of the information processing of the non-dominant hemisphere. Rossi (1979) concluded that the therapeutic metaphor may be a process of communicating directly with the non-dominant hemisphere in its own language. Rossi (1979) contrasted this process with the more traditional insight approaches in which the client's symptom is translated into the language of the dominant hemisphere which somehow must translate back into the language of the non-dominant hemisphere in order to change the presenting symptom. Insight therapies can and do sometimes work. However, they may not be the most efficient way in which to operate. Often a client will develop brilliant intellectual insight but the symptomatic behavior will persist (Matthews & Dardeck, 1985).

Zeig. In his book on Erickson's work, Zeig (1982) proposes eight reasons for using metaphor during any stage of treatment to help accomplish the therapeutic goals. Zeig points out that all eight may be in operation at once and therefore these are not mutually exclusive categories. They are:

- (1) to make or illustrate a point
 - (2) to suggest solutions
 - (3) to get people to recognize themselves
 - (4) to seed ideas and increase motivation
 - (5) to therapeutically control the relationship
 - (6) to embed directives
 - (7) to decrease resistance
 - (8) to reframe and redefine the problem
- (Zeig, 1980, pp. 7-14).

A number of these categories (#1-3) have already been discussed in other models we have looked at, and are essentially the same in Erickson's model. "Seeding" ideas was common to Erickson's work. He would often tell a metaphor with a message in it geared to a particular client and seemingly leave it. He would then pick up on that same idea later on and build on it. To increase a client's motivation, Erickson might tell a series of metaphors about some other clients who had similar situations with successful outcomes. This was to increase the current client's positive expectancy.

Pattern disruption is an important element in therapy. Interrupting conditioned behavioral responses is a step toward creating room for productive behavior. Erickson used metaphors to occasionally surprise a client so she could not employ habitual patterns of controlling relationships. He used metaphors to enable the client to experience being comfortable and even effective while in a "one-down"

position.

Erickson used embedded directives as a way to focus the client's attention on an important idea that he was trying to put across. Embedded directives are given when the client's name (or "you") is slipped into a sentence in a manner that makes everything that follows in that sentence a directive to the client. For instance:

- a) Following a coughing spell, he decided to stop smoking.
- b) Following a coughing spell, he decided to, Joe, stop smoking. (The last three words are said in different tone than the rest of the sentence).

(Gordon, 1978, p. 54).

Since metaphor is generally indirect and largely works on the unconscious, it bypasses a client's conscious resistance to change. Erickson often became anecdotal in proportion to the resistance he experienced to his ideas. He also used stories to distract clients; to bore them in order to set them up to accept a therapeutic idea when they were less resistant and therefore more likely to respond.

Finally, Erickson used metaphors to "reframe" or change the way a client viewed her or his situation. This is a technique that provides an altered and positive view of the symptomatic situation. Altering client attitudes about symptoms can be therapeutic, and sometimes a symptom or behavior that is viewed as a liability can be reframed and utilized as an actual asset (Zeig, 1980).

Haley. In the psychoanalysis and psychotherapy sections of "Therapeutic Purposes of Speaking Metaphorically", we considered therapeutic models that used metaphor primarily as an interpretive tool. According to Haley (1973, p. 28) it was Erickson's

unwillingness to "interpret" for clients the meaning of their metaphors that most dramatically distinguishes him and his practice of therapy from these other models. He did not believe that there was a positive value in making unconscious communication conscious. In fact, he believed this would significantly slow therapeutic change as the conscious mind interfered with its progress. Erickson worked primarily within the parameters of metaphor, combining discussion with action that occurred both in and out of the therapy session, to induce change. He firmly believed that the resources necessary for change are within each of us; however, at times these resources need to be reactivated. He used metaphor to guide clients' association, but maintained that in the final analysis it was the client who makes the change.

In keeping with the theory that for therapeutic metaphor to be effective it must meet the client at the client's model of the world, Erickson approached the following situation: While on staff at Worcester State Hospital, Erickson knew of a young patient who believed he was Jesus Christ. He wore a sheet draped across him and walked about trying to convert everyone to Christianity. Erickson came up to him one day on the hospital premises and asked, "I understand you have had experience as a carpenter?" (meeting the client at his world model). When the patient answered this was true, Erickson altered the young man's behavior patterns, engaging him in a special project of building a bookcase and thereby shifting him to fruitful work (Haley, 1973, p. 28). Existing within a world of

metaphor is typical of schizophrenics who are often described as having great difficulty differentiating between literal and figurative language (taking literal expressions figuratively and figurative expressions literally). Erickson, according to Haley, believed that the significant message with schizophrenics is the metaphor, as illustrated by the above example.

Explicating Erickson's Work

In recent years a number of Erickson's students have tried to explicate the patterns of his work in order to make his apparent genius and skill more readily available to those in the helping professions, such as therapists. There have been many such persons, some of whom explained Erickson's work and others who built upon it. Five of these people particularly contributed to the developmental use and understanding of therapeutic metaphor in strategic therapy, and they are: (1) David Gordon, who wrote Therapeutic Metaphors, (1978), a very specific and detailed explanation of constructing metaphor for therapeutic use, largely based on the work of (2) Richard Bandler and (3) John Grinder who through their orientation of neuro-linguistic programming have added to the comprehension of Erickson's work by making his seemingly intuitive patterns of communication explicit and (4) Stephen Lankton whose first book Practical Magic (1980), furthered Bandler's and Grinder's work by translating basic neuro-linguistic programming (NLP) into clinical psychotherapy,

and (5) Carol Lankton, who with her husband Stephen, wrote The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy (1983), in which a very specific and detailed explanation of the construction and usage of multiple embedded metaphor is described for clinical use.

Following the writing of Practical Magic (1980), Lankton divorced himself from the NLP model which he described as limiting (in both its mechanistic approach and technical language) in working with many professionals (personal communication, May 1981). While NLP can effectively be used in therapeutic metaphor, it is the contention of this writer, who is in agreement with Lankton, that NLP is not a necessary requirement for good therapeutic metaphor. Therefore, NLP will not be reviewed here. A full description of NLP's usage in therapeutic metaphor can, however, be located in Dardeck, 1981.

Collecting Information

In Problem-Solving Therapy (1976) Jay Haley points out that it is crucial for therapy to begin correctly if one expects to finish correctly (p. 9). Haley goes on to explain that this necessitates ". . . negotiating a solvable problem." What this means for the therapist using metaphor is that during the initial information gathering stage with clients it is vital to begin to:

- (1) identify the significant people involved and their inter-personal relationships

- (2) identify characteristic events of the problem situation, the function of the problem within the client system², and how the problem progresses.
- (3) elicit what specific changes the client(s) want to make and make sure that they are well-formed (it is paramount if the therapy is to be successful that the desired changes are those over which the client(s) have control; in other words, they should be solvable problems).
- (4) determine what has been tried previously to handle the problem situation, and/or what it is that "stops" the client from making the desired changes

(Gordon, 1978, pp. 49-50).

Designing the Metaphor

The importance of this initial therapeutic gathering of information becomes apparent when one begins the actual process of designing the metaphor. The therapist who has accepted the client's therapeutic goals of "making my husband love me" or "making us millionaires so our financial problems disappear" will have a difficult time producing such outcomes. In order to design an effective metaphor it is imperative that the client-desired, therapeutic goals are goals over which the client has control. The desired outcome must be realistically possible. Furthermore, the therapist should keep

²For example, a "problem child" is often symptomatic of families in which the husband and wife are experiencing relational difficulty, but are not addressing this. Instead, they detour this conflict by focussing on their child's problem. The function of this symptom then, is to maintain family homeostasis - this is, the tendency to remain fairly constant over time in order to preserve the "stability of the family."

the desired outcome foremost in mind during the designing and delivery of the metaphor.

One of the most necessary requirements for effective metaphor is that the therapist meets the client at the client's model of the world (Gordon, 1978). The metaphor that will have the most significance for a client is the metaphor that mirrors the frame or structure of the client's particular circumstances. The actual content of the situation is unimportant, but the process or pattern is essential. Therefore, in designing a therapeutic metaphor the therapist must create equivalent figures and events to those in the client's real life situation. For example, if a married couple came for therapy because the wife, who, due to feeling incompetent, let the husband do all the parenting one might use Lankton's (1980, p. 155) suggested steps for creating an equivalent metaphor: After examining the problem locate all the nouns (people, things, places) and all the processes (verbs, adjectives, adverbs) in the problem and choose a context for your metaphor. Then for each noun identified in the problem, choose a new noun for the metaphor. Likewise, for each process in the problem, create a matching process in the metaphor. This procedure can be illustrated by the following:

	<u>SITUATION</u>	<u>METAPHOR</u>
<u>NOUNS</u>		
	wife - - - - -	queen
	husband - - - - -	king
<u>PROCESSES</u>		
	relinquishes parenting	abdicates ruling
	responsibilities - - - - -	the subjects -
	feels incompetent - - - - -	has never been a
		queen before and
		lacks confidence

Thus, what we have here is a king whose queen refused to help him rule. There are, of course, countless metaphors one could use with this particular structure (Gordon, 1978, p. 20). In a mixed doubles tennis match a female player who wouldn't take any backhand shots, a buck whose doe refused to help pull Santa's sleigh, a sun whose moon declined to take its proper turn in the sky, and a right eye whose left eye was afraid to look. This metaphorical preservation of the relationships occurring in the client's real problem situation is called isomorphism (Gordon, 1978). As previously mentioned, it is absolutely central to the design of a therapeutic metaphor. By maintaining the significant relationships of the client's situation in a newly created metaphor, the skilled therapist is able to provide a new perspective on the client's situation.

Thus far, a creation of isomorphic rapport with only the significant persons and events in the client's problem situation has been achieved. Indeed, if the purpose of therapeutic metaphor is to help expand clients' world models and help them make the changes they want to make, then what is missing from our metaphor is an outcome or resolution. Clients generally can identify changes they

would like to make (and as previously mentioned it is an important component of the therapeutic process for the therapist to help the client clearly express these desired outcomes). Identifying the desired outcome is often not a problem, but getting there is another story. Gordon (1978) identifies this resolution stage of the metaphor as having two essential parts:

- (1) the desired outcomes, and
 - (2) the strategy which bridges the gap between the problem and the desired outcome
- (p. 44).

In the information gathering stage, one of the pieces of information that the therapist is looking for is what has the client already tried to resolve the problem. The purpose here is twofold: one reason is simply to avoid having the client repeat what has already been attempted and failed, and the second reason is to help the therapist determine the calibrated patterns of behavior in the client's system. Calibration may be thought of as a set, recurring response to particular events.³ For example, every time a woman

³Calibration is a concept that has its origins in systems theory. The metaphor most often used to illustrate this phenomenon is that of a household furnace thermostat. The thermostat is calibrated, or set, at a particular temperature for a room. Temperature fluctuations below the calibrated setting will activate the furnace until the deviation is righted and the room temperature is again within the set range. However, if the thermostat setting is changed (higher or lower) there will be a difference or change in the behavior of the system as a whole, though the feedback mechanism (fluctuations in temperature activating the furnace) will remain exactly the same. The change in calibration that Gordon refers to as "recalibration" (1978, p. 46) is referred to as "step-function" in systems theory and in the above example it would be the changed thermostat setting (Watzlawick, Beavin, Jackson, 1967, p. 147).

we'll call Sylvia sees a man smile at her, she remembers how her attacker smiled at her, and she is filled with anger. Sylvia feels this same way every time a man smiles and feels that she has no control over it. If the calibrated response pattern was then changed, or recalibrated, there would necessarily be a change in how Sylvia felt. In designing a therapeutic metaphor then, the idea is to have the isomorphic-to-Sylvia character interrupt the calibrated pattern and triumph over a similar situation as a result. The means for achieving this is through the use of a connecting strategy. The plan most likely to work will be one that is identified by the client herself (Gordon, 1978, p. 47). Therefore, a third purpose for asking the client what has already been tried is to elicit what the client believes is necessary for the outcome to be obtained. Gordon (1978) and Lankton (1980, 1983) both make the important point that by having the client detail what has been tried and what has been ineffective, the therapist will be able to ascertain where the client's world model is limited and therefore needs to be broadened. In the above case, Sylvia might relate that she had tried very hard to be relaxed when a man smiles, but she just gets angry anyway. She has identified that she believes a good strategy is to relax. The therapist might ask her how she prevents herself from relaxing and Sylvia might answer that she remembers being attacked. If making use of what the client is presenting, the therapist will then "reframe" Sylvia's unwanted experiencing of anger and describe it as something that is an asset (Cameron-Bandler, 1978, p. 131). For example, in designing a

metaphoric resolution for Sylvia's particular situation, her anger could be described as potentially productive in certain situations, although it was limiting as a reaction to a man's smile. The resolution might read. . .

She knew now that it was unnecessary for her to be angry in that particular circumstance anymore. She felt great comfort and confidence in the knowledge that if she did want or need to be angry that she had this pet anger tamed, in her pocket, and she knew how to take it out and unleash it. She felt very good to know she could choose, and the choice was up to her.

In this example, instead of removing a particular choice of the client, she is presented with another. Milton Erickson (Haley, 1967, 1973) held this as a very high principle in his working with clients. "Teach choice; never attempt to take choice away" (Lankton, 1979). Expanding a client's world model and frames of reference is the purpose of therapeutic metaphor and it is crucial to keep this in mind. If the metaphoric resolution presents isomorphic details with the client's world model, he may integrate the resolution into his situation; or at least decide that a resolution is possible and begin to think about finding one.

Delivering the Metaphor

In designing a metaphor, the therapist must spend considerable effort making certain that the metaphor is isomorphic with the client's situation. However, due to the fact that each individual's world model is unique, the therapist can never fully know how a

client experiences her situation. Therefore, in telling a metaphor it is best to avoid using specific language which the client may not identify as part of her world model, and consequently will reject. Through studying the patterns of Milton Erickson's therapeutic techniques, Bandler and Grinder (1975) have devised a series of specific ways in which a therapist can deliberately choose to use language that is non-specific and will necessitate that the client initiate what Bandler and Grinder term the "transderivational search" (1975, p. 219).⁴ This "search" is defined as . . . "the process of bringing meaning to our experiences by going back through our models of the world." When the client is told a metaphor that purposely has deleted specific information, processes and events of the figures within the metaphor, she must create her own version of what is actually occurring (Gordon, 1978, p. 51).

Bandler and Grinder call the first of Erickson's techniques generalized referential index (Bandler & Grinder, 1975, p. 219). This technique is based (as are the ones that follow) on Erickson's belief that if the client "processes" the metaphor unconsciously, she will best respond. In delivering a metaphor, the therapist will increase its relevance for the client by simply omitting referential indexes where they are inconsequential to the metaphor. For example:

⁴Actually, Bandler and Grinder do note that "transderivational phenomena" were first proposed in linguistic theory by Poster, Perlmutter and Grinder (Patterns, 1975, p. 251).

- (A) She liked to do things in a particular way.
- (B) Donna, an obviously compulsive type, liked to do things like washing every dish twice because it gave her a feeling of control over the war against filth.

In this first sentence (A) we do not know who "she" is or what "things" she liked to do. Since the referential indexes are deleted from the first sentence, the reader is forced to make more idiosyncratic meaning of it. However, the second sentence contains all the referential indexes and is quite specific. It is also quite limited as a result, in its ability to generate a reader's transderivational search.

Similarly, action words (verbs) should be non-specific:

- (A) He left for an island.
- (B) He took a taxi to the private airport where he splurged on a private airplane trip as far as the Cape, from where he swam the backstroke to the Vineyard.

Although detailed descriptions are often amusing, Gordon (1978, p. 53) points out that such detail is bound to reduce the effectiveness of the metaphor for the client, who might get to the Vineyard in an entirely different manner.

Bandler and Grinder (1975, p. 216) define "nominalization" as ". . . the linguistic representation of a process by an event." Words that have been changed from process words (verbs) into nouns are nominalizations. In other words, an ongoing process is changed into a thing or an event (Cameron-Bandler, 1978, p. 176). For example, "I think" becomes "a thought," "she was laughing" becomes "she had laughter," and "he adored her" becomes "he had adoration."

Thoughts, laughter and adoration can be talked about as if they are things that can be touched, but of course they can not be touched; they are intangible and ongoing processes (Gordon, 1978). Cameron-Bandler helpfully suggests that if you can't put a certain noun in a wheelbarrow, it is a nominalization (1978, p. 176). In the above examples thoughts, laughter and adoration are all nouns that can not actually be picked up and put in a wheelbarrow (as opposed to basketballs, rakes or flowers, all of which can be put in a wheelbarrow). In these examples, we have "nominalized" the process words.

The relevance of using nominalizations in therapeutic metaphor is that nominalizations cause the client to activate a transderivational search. The nature of nominalization is automatic deletion of certain information that would ordinarily give the word meaning (Gordon, 1978). In the example "she had laughter," what is missing is "laughter about what?", and "when did she have laughter?" The client would have to supply this information, as the therapist once more is deliberately unspecific.

Embedded directives can be viewed as the "punchlines" of the metaphor since they often indirectly tell the client an idea that the therapist is trying to get across. In this manner, they often occur in the resolution. Embedded directives are created by slipping the client's name (or "you") into a sentence in a manner that makes everything that follows in the sentence sound like a directive to the client. For example:

- (A) After observing her characteristic thoroughness, he decided to hire her.
- (B) After observing her characteristic thoroughness he decided to, Chet, hire her. (use different tone when saying last three words).

Nowhere is the powerful impact of embedded directives better evidenced than in the work of Milton Erickson. Erickson devised a method for delivering these embedded commands that is known as the "interspersal technique." While Erickson generally employed this technique as part of a hypnotic induction, numerous therapists (Gordon, 1978; Lankton, 1980) use it with simple therapeutic metaphor as well. What follows is an example of this technique that has been adapted by Stephen Lankton from Erickson's "tomatoe plant story" (Haley, 1967, pp. 516-517) and modified for the purposes of this paper. For the sake of illustrating the purpose of this technique (which may have a hypnotic effect, even when delivered by a non-hypnotic therapist) let us imagine the case of Brenda, a young woman who is pregnant for the first time and who is becoming more and more anxious as her stomach becomes bigger: Be sure to read (hear) the underlined words in a voice tone that is distinctly different from the rest of the text:

When a plant, Brenda, grows and it, Brenda does so comfortably, the roots go into the ground deeper and deeper. As it seeks nourishment, the plant, Brenda, can just relax. And it's funny to think of a plant relaxing but it may be that a plant, Brenda, can know the fullness of comfort and peace, just wonder-ing what kind of fruit it will bear. And when the breeze blows, the plant can feel the coolness and the gentle waving of the leaves must bring that plant, Brenda, a special pleasure (pause) will come to mind. (Lankton, workshop, 1981).

In the above example, one can readily identify the embedded directives by the underlining. The pregnant woman is given directive after metaphoric directive to be physically comfortable with her pregnant body and to feel at peace. The directives are interspersed throughout the entire metaphor, in contrast to how such embedded directives are often found only in the metaphor's resolution.

Summary and Conclusion of Basic Metaphor Model

Basic therapeutic metaphor is a creative, challenging and effective way to help clients expand their present world models. While the content of the client's situation will undoubtedly be a focal point for the client, the therapist should (while being careful not to discount the client's representation of the problem) focus attention on the patterns of the client's experiences to determine the existing limitations in the client's world model.

David Gordon (1978) has effectively summarized the whole procedure for devising and delivering a basic metaphor:

- (A) Gather Information
 1. Identify significant persons involved
 - a) identify their interpersonal relationships
 2. Identify the events that are characteristic of the problem situation
 - a) specify how the problem progresses (calibration)
 3. Specify what changes the client wants to make (the outcome)
 - a) make sure that they are well-formed
 4. Identify what the client has done in the past to cope with the problem, or what "stops" the client from making the desired changes (may indicate a connecting strategy)

- (B) Build the Metaphor
1. Select a context
 2. Populate and plot the metaphor so that it is isomorphic with A_1 , A_2 and A_3 above
 3. Determine a resolution, including . . .
 - a) a strategy for recalibration (from A_4 above)
 - b) the desired outcome (from A_3 above)
 - c) and reframing of the original problem situation
- (C) Tell it
1. Using the syntactic patterns of . . .
 - a) lack of referential index
 - b) unspecified verbs
 - c) nominalization
 - d) imbedded commands

(pp. 49-50).

Multiple Embedded Metaphor Model

Stephen and Carol Lankton (1983) have devised another structure for constructing and delivering metaphor. The structure is illustrated in Figure 2 below and an explanation follows:

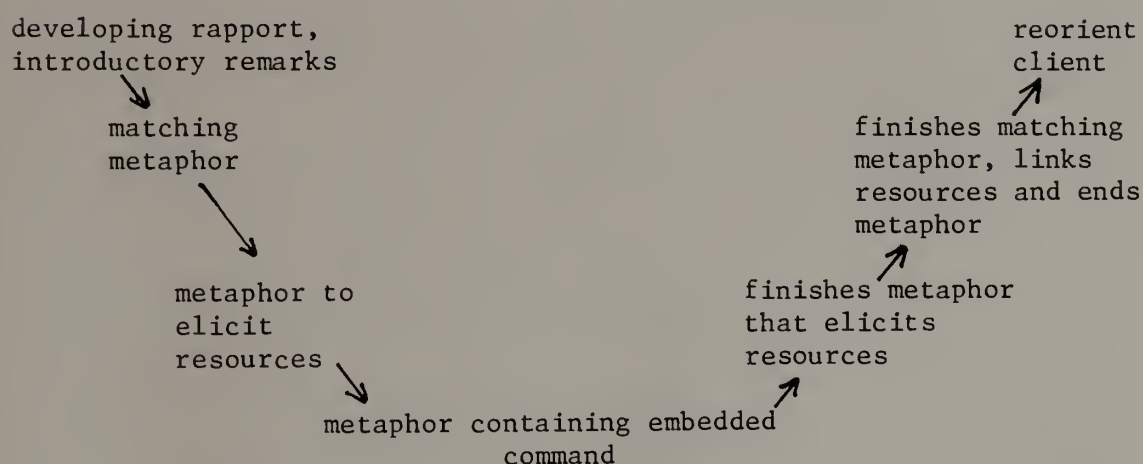


Figure 2. Embedded metaphor structure.

In discussing the Lanktons' model it is important to note that they are strongly influenced by the field of hypnosis, particularly as it was practiced by Milton Erickson. This model of therapeutic metaphor is a clear reflection of their hypnotic orientation, yet it may be used quite successfully by therapists with little or even no knowledge or training in hypnosis.

The Lanktons actually label the first step on the left as "induction," the hypnotic label for facilitating trance in the client. For our purposes however, it will suffice to explain that this is the very beginning of a therapy session and at this stage the therapist is establishing rapport with the client(s) and conducting what might be considered an informal diagnosis that includes tentative hypotheses about the following:

- (1) structure of the system (who's involved, what is the social network, etc.)
- (2) function of the symptom or presenting problem
- (3) developmental age (of the individuals and system as a whole)
- (4) developmental task
- (5) availability of resources
- (6) flexibility/sensitivity of members
 - a) perceptual ability of client(s)
 - b) cognitive meaning s/he/they give to behaviors
 - c) emotive range of client(s)

(Lankton & Lankton, 1983).

This diagnosis may actually take up a session by itself, or it may (depending on the individual client(s)) be incorporated into the structure as it is shown here. In either case, it forms the basis for what follows.

The second step is called "matching metaphor." At this stage

the therapist is beginning to tell a basic metaphor, making isomorphic equivalents to the client's situation appear in the metaphor. The therapist's job here is to establish a strong isomorphic parallel as in the basic metaphor, but not to include a connecting strategy and resolution. The "matching metaphor" should be left unresolved. This leaves the client's unconscious mind waiting for and pondering solutions while the therapist proceeds as smoothly as possible to the next metaphor which will occupy the client's conscious mind.

The third step is a metaphor that elicits the client's resources.⁵ This is extremely important to the success of the metaphor, as it reminds the client of past successes, and lays a foundation for a positive future outcome. There are certain "universal accomplishments" the therapist can draw on in this stage that will be applicable for most clients such as: getting the client to remember the feeling of accomplishment of tying one's shoe laces for the first time, taking one's first steps as a toddler learning to walk, writing one's name for the first time, riding a bicycle for the first time, driving a car for the first time, and so on. Not all clients can remember back to taking their first steps, and not all clients know how to drive a car. However, all clients will have had some experience at some point,

⁵Central to Lankton's entire metaphor structure is a belief that Lankton adopted from Milton Erickson. That belief is that clients have the resources they need inside of them. The therapist's role is to help them reconnect with those resources, to guide their associations, but it is the clients themselves who make the changes. Erickson was fond of saying, "The therapist just provides the climate, the weather" (Zeig, 1980, p. 11).

however small, that was an accomplishment or a positive feeling that the therapist can elicit and build upon. The resource metaphor should simply elicit a past success and the feelings of competence and confidence that accompanied that success. The resource metaphor should offer no connecting strategy or resolution, but should be left open and unfinished.

The fourth step is the metaphor containing an embedded command. It is within the confines of this metaphor that the clinician delivers a directive to the client, under the pretense of having said it to someone else in the story that the clinician is telling. As this is the third metaphor the client is listening to, and there will be two more, it is intended that this direct message will become an "unconscious learning."

The fifth step is where the therapist smoothly makes a transition to the "resource metaphor" and elaborates and finishes it, now including a connecting strategy and a resolution.

The sixth step is crucial to the successful outcome of the entire structure. Here the therapist links up the elicited resources with the client's present situation through the finishing of the "matching metaphor." The resources are applied in this metaphor to the successful resolution, and all the metaphors are now complete.

In the final step the therapist ends the session and reorients the client to the present environment.

Lankton indicated that this process usually takes him between one and two hours. Obviously, it can be adapted for individual

circumstances, but taking the time necessary to ensure isomorphism from the very first metaphor is essential. This model is ostensibly based on the importance of unconscious processing in therapeutic metaphor for the most profound impact. Examples of metaphors utilizing this technique are provided with a critique in chapter four.

Conclusion

Therapeutic metaphor has an historical precedence in religious teachings that dates back to Biblical times and the parables of Jesus. In formal psychology, metaphor has its roots in early psychoanalysis and evolved in its use by therapists through psychotherapy into the more recent practices of strategic therapists.

Therapeutic metaphor is not a particular brand of therapy, nor is it a panacea. Rather, when appropriately used it appears to be a highly useful tool for effecting change that can be employed by any type of therapist as a means of expanding a client's frame of reference, that is, how the client experiences the world.

In conclusion, this review of the literature pointed the directions for this study to move. Use of therapeutic metaphor as a therapeutic intervention has become more widespread in the last four years, and it is increasingly being taught as part of courses on Erickson's work. Yet, most of the work published on this area are reports detailing Erickson's cases or more recently, articles describing lesser known therapists' cases. No research to date has been

conducted to determine just how the client is or isn't integrating this therapy into his or her life.

This study is a preliminary investigation into how clients actually respond to therapeutic metaphor.

CHAPTER III

METHODOLOGY

Description of Research Methodology

The research methodology that was used in this dissertation study was the case study method. The case study approach is described as an indepth investigation of a small sample. It is an accepted method for research, especially with regard to pioneering studies in a field (Kazdin, 1980; Van Dalen, 1973; Nisbett and Entwistle, 1970; Good, 1963) and specifically with regard to the area of clinical psychology where ". . . case material is . . . used to support the theoretical framework or actual practices of new psychotherapy techniques" (Kazdin, 1980). The case study is viewed as a method in which the researcher can identify and isolate significant factors for future investigation and study (Kazdin, 1980; Van Dalen, 1973; McAshan, 1963). The case study model of research is considered to be a method that affords "insights that will help . . . formulate fruitful hypotheses . . ." (Van Dalen, 1973).

The use of therapeutic metaphor as a particular technique to aid the clinician in working with clients who desire to cease smoking is a new approach. As highlighted in the review of the literature in Chapter Two, there has been almost no research undertaken in this particular area of intervention. Consequently, it is suggested here that a preliminary inquiry into the problem is necessary in order to

identify and describe therapeutic phenomena and generate hypotheses. The case study method, therefore, was the preferred approach as it allowed for a wide range of information to be gathered, from which the research could formulate and isolate the important variables.

The emphasis in the case study is on endeavoring to comprehend the particular situation of each individual case studied, without generalizing this information to a larger group (Sax, 1979). The results of this investigation were therefore qualitative and descriptive. Hypotheses however, can be generated from this case study investigation that can then be tested out with a larger sample or group. The case study method can be useful in highlighting gaps in knowledge, as well as illustrating directions for change in the techniques or methods of intervention being studied. Of additional importance is the extrapolation of data illustrating how particular theories or principles operate in practice (Sax, 1979).

In this investigation, hypotheses were generated as to which aspects of therapeutic metaphor might contribute to the progress of each client meeting her goal. It was anticipated that each client would respond to some metaphors more than others, and that particular kinds of metaphors might be identifiable as more impactful than others. It was expected that clients would relate the characters and situations in the metaphors to actual persons and situations in the clients' lives. Furthermore, it was anticipated that when such connections were made unconsciously by the client, the resulting behaviors and/or reactions would be more readily observable and more profound than when

connections were reached consciously. It was further hypothesized that some common patterns would emerge in how clients responded to the aforementioned issues, in addition to each client's set of unique responses.

In utilizing a case study methodology, collecting information from numerous relevant sources is important to the generation of strengthened hypotheses with a wide data base. Such data may be derived from primary or secondary sources. In this investigation, three primary sources of data gathering were employed: 1) problem focussed initial interviews with each client by this researcher, as well as nine subsequent treatment sessions that were video-tape-recorded; 2) responses of each client during an in-depth interview with this researcher (immediately following a multiple embedded metaphor treatment session in which the client viewed selected videotaped parts of her session and was asked to recall her thoughts and feelings; 3) client self-report and evaluation of therapy experience via a written questionnaire (Appendix J) mailed to each client 5 weeks following the last session.

Though researcher bias and lack of precision must be acknowledged as potential limitations of this investigation, the case study is nonetheless viewed as extremely worthwhile due to the abundance of data it affords (Van Dalen, 1973). Since the purpose of this study is to explore new applications of a theoretical mode (therapeutic metaphor) and to generate and view phenomena relevant to this purpose, the single case study approach provides the best suited method of inquiry

(Kazdin, 1980; Sax, 1979; McAshan, 1963).

Selection of Subjects

Three individual clients were selected among the persons who contacted the Psychological Services Center at the University of Massachusetts in Amherst, in response to an advertisement that this researcher placed in the University's daily newspaper, The Daily Collegian and in a local newspaper, The Valley Advocate (see Appendix A).

The individuals selected were female. The primary reason for selecting female clients was because the researcher is female and feels she has a particularly quick and strong rapport with female clients. Since establishing rapport is a key element in therapy of any kind, the advantages to creating it easily and quickly are apparent.

The clients were selected on a first come basis, while the remaining individuals were referred to other clinicians within the agency. The individuals selected were self-identified "average" smokers, who wished to stop smoking completely. "Average" smoker was defined for the purpose of this study as smoking between one and one and a half packs of cigarettes a day.

Each client was told that this study was designed as an investigation into a short term psychotherapeutic process to help smokers stop smoking. Clients were also informed that each treatment session

would be videotaped for the purpose of the researcher's supervision needs. All clients were given a form letter describing the purpose and nature of the study, and requiring their signature signifying their informed consent (see Appendix B).

Individuals who were currently in therapy were not included in this study to preclude any confusion that might result from this.

Setting

All clients were seen by this researcher at the Psychological Services Center (PSC), at the University of Massachusetts in Amherst.

The PSC is a non-profit mental health clinic that was started by Dr. Harold Jarmon approximately 19 years ago. Its primary function is that of a training facility for graduate students in the clinical psychology department at the University. Each year, six to eight teams of student clinicians work with a faculty supervisor to provide mental health services in a variety of therapeutic modalities to the populations of Amherst and the many surrounding towns. Each team is generally organized or focussed on a specific interest area or type of therapy. Five years ago, Evan Coppersmith who was at that time a professor in the School of Education at the University of Massachusetts, was asked to lead a team of students who were interested in working in strategic and structural modes of family therapy. She supervised a team of 5-6 graduate students from the Counseling Psychology program of the School of Education and the Psychology

department for three years. Dr. William Matthews, also of the School of Education's Counseling Psychology program, took over this role two years ago when Dr. Coppersmith accepted a position elsewhere. As a clinician on his strategic therapy team, this researcher was already seeing clients at the PSC. Arrangements were then made for the researcher to take on an additional three clients for the purpose of this study.

The three clients were given weekly appointments with the researcher for an approximate one hour treatment session, for an eight to ten week period. Clients paid for the therapy according to the PSC's regular sliding scale, and followed the PSC's normal procedures in all other respects as well.

Data Collection

Data was gathered for analysis in the following three ways:

1. This researcher met with each of the three clients for nine treatment sessions. Process notes were taken by the researcher following each session, and all sessions were videotaped. The initial interview with each client was largely based on the problem focussed interview detailed by Haley (1976) for working with clients (see Instrumentation), and lasted one hour. Subsequent sessions varied in length, depending on the time needed to relay therapeutic metaphors and gather any new information. The following questions were routine inquiries:

- (1) How much has client smoked in last week?
- (2) Is anyone helping her, and how?
- (3) How, if at all, is this therapy affecting her significant others?
- (4) What changes have occurred?

These questions were intended both to gather content information about the client's response to and comprehension of the problem, and to determine the client's interaction with her social network in an effort to assess those patterns.

At the end of each session the client received a "homework assignment." The purpose of this was to keep the therapy alive with the client during the week, forming a continuity between sessions. Clients were given tasks such as recording each time she had a cigarette, opening a savings account for the money saved from not purchasing cigarettes, marking a line half-way down a cigarette as the place to put out the cigarette, and so on. Each session began by following up on the homework - was it done completely, half-way, not at all? This provided valuable information as to whether the client would respond better to direct or indirect suggestions, and this information was then used in forming the client's therapeutic metaphor for the next session.

During each session (except the initial interview) the client was told a story that isomorphically paralleled her own experience, and that contained indirect and/or direct suggestions to the client about smoking cessation. A new metaphor was devised for the client each week based on that client's particular life circumstances. The models used to design these metaphors are that of the Lanktons'

multiple embedded metaphor (see Appendix E) and Gordon's basic therapeutic metaphor.

All sessions were video-taped for later analysis. Observations of the recorded sessions yielded relevant information that sometimes was missed during the actual session. Non-verbal reaction to the metaphor by the client (see data analysis) such as head nodding, was data that was then utilized in devising the next therapeutic metaphor.

2. The second stage in data collection involved an in-depth interview with each client after one specific multiple embedded metaphor session. The purpose of this was to determine what the client actually thought about a specific multiple embedded metaphor. These interviews were time staggered so that one client was interviewed after her first session, one client after her fifth and one client after her last session. This timing of interviews was to allow for the varying responses resulting from the degree of familiarity with the researcher and with the M.E.M. experience. During each interview the researcher tried to discern what the client actually thought while listening to her specific therapeutic metaphor. A loose set of questions based on the client's specific metaphor (see Appendix G) was followed and questions were asked in a general to specific range (funnel questioning) in order to derive the most information without cueing the client as to what was specifically being looked for until the last few questions. As previously noted, the researcher was looking for any commonalities in how clients respond to the therapeutic metaphors. Did they seem to respond to particular types of

metaphors more than others? Did they respond at particular points in the session more than others? Did they indicate that they understood the metaphors? Did they like hearing the stories? Were they confused by the stories? Did they find the stories helpful?

Each client was shown video-taped segments from a particular M.E.M. that she heard in session. The action was stopped in each of the metaphor's segments (matching metaphor, resource metaphor, embedded directive metaphor, finishing resource metaphor, finishing matching metaphor) and the client was asked questions about her understanding of the story at that point (see Table 2). Following the completion of the third and final interview, the findings, conclusions and issues drawn from these sessions were summarized, implications for clinical use were discussed, and future areas of inquiry were identified.

3. Five weeks after each client's last session, she received a written questionnaire (see Appendix J) in the mail asking her to give an evaluation of her therapy experience. Questions included asking for examples of times client may have thought about the metaphors outside of sessions, self report on whether the therapy was helpful, and if the client would recommend this therapy to a friend. This measure was designed primarily as an informal information gathering tool to determine how each client felt about her experience with this type of therapy, several weeks after its completion.

Instrumentation

In preparation for instrumentation selection for this project, this researcher carefully reviewed the literature. However, no measurements were located that have been devised or are presently being utilized in the field that directly relate to gathering information on how clients in a strategic therapy emphasizing the use of therapeutic metaphor, react to the metaphors and make use of them. Still, a number of appropriate formats for collecting data directly related to the purposes of this investigations were located.

Jay Haley detailed his approach to a problem-focussed interview (1976) in working with families. Using Haley's basic problem-focussed interview, the researcher integrated several strategic therapists' suggested information gathering questions (Gordon, 1978; Lankton, 1980) and devised a list of fourteen questions to be explored in each initial interview (see Appendix C). The compilation of answers to these questions was then used as an initial data base upon which to build. Stephen and Carol Lankton's diagnostic framework for assessing clients (see Appendix E) was used next to help yield more information that would be important in forming the basis of each client's treatment plan (and therapeutic metaphor).

As a final first stage in instrumentation, the researcher used the PSC's initial psychotherapy report format (see Appendix D) as a tool to combine the information gleaned from the aforementioned two instruments, into one concise and highly informative report on each

client that then formed the basis for all future therapeutic metaphors and interventions.

Next the researcher moved into the second stage of the instrumentation. This began with utilizing the information gleaned from the above and incorporating it into the Lankton's multiple embedded metaphor structure (see Appendix F). One elaborate M.E.M. was devised for each client (in addition to the regular therapeutic metaphors which were interspersed throughout each treatment session) as a specific treatment, goal-oriented intervention.

The latter part of this second stage of instrumentation involved an in-depth interview with each client following the treatment session in which they received the M.E.M. A funnel-type questionnaire (see Appendix G) was orally administered during this interview, as a method to help the researcher learn about the client's responses and understanding of the therapeutic metaphors.

The video tapes of each client listening in session, to her M.E.M. were viewed and examined by the researcher for any significant non-verbal response on the part of the client. It is important for therapists to carefully observe clients to determine if they (therapists) are "getting through," that is, to make sure that the metaphor is indeed significant for the client (Gordon, 1978). In observing the clients' reactions to metaphors as they listened to them, the researcher specifically watched for the following indicators: (The indicators listed below have no meaning in and of themselves; rather the researcher was interested in observing any changes such as these

non-verbal variables, that might coincide with particular aspects of the story that the client was listening to).

- (1) facial changes - smiles, frowns, furrowed brows, eye movements (accessing cues), posture of the jaw (is it clenched and tense?), mouth and lips (are lips tightly pressed together? is the client chewing her/his lips? are lips being smacked, puckered or licked by the tongue? etc.).
- (2) skin tone changes - this has two features:
 (a) is the client blushing or drained of color?
 and (b) are the client's muscles tense as evidenced by constricted appearing skin, or relaxed as evidence by smooth appearing skin?
- (3) breathing - is breathing deep as evidenced by high chest activity, and perhaps the audibly slow and rhythmical inhaling and exhaling of air? is breathing shallow? is the client holding her/his breath? gasping for air?
- (4) vocalizations - is the client talking? telling the metaphoric characters what to do next? (children will often do this when listening to a story they are involved in; adults have been known to talk to their televisions and cars in much the same way!).
- (5) head nodding - is the client agreeing with something, as evidenced by vertical head nodding? is client shaking her/his head "no?"
- (6) body posturing - is client slumped, are arms folded across chest tightly, does client move in any particular way repeatedly when a certain metaphoric character enters the story?

The final stage of instrumentation was a written questionnaire (see Appendix J) that was sent to each client five weeks after that client's last session. This informal instrument was intended to give the researcher more data, several weeks after the completion of each client's treatment, as to how each client felt about her experience.

Data Analysis

The data analysis was done in three stages. First, a written comparison of the initial information from the early diagnostic sessions was conducted. Then, after completing an interview with each client following her MEM treatment session, the researcher summarized the findings, conclusions and issues drawn from these interviews, and discussed their implications for clinical use, as well as pointing to future areas of inquiry (see Chapter Five). Finally, a comparison and contrast of the data revealed from the final written evaluations of each client is presented, and incorporated into the above mentioned discussion on implications for clinical use.

C H A P T E R I V

RESULTS

Organization of the Chapter

This chapter is organized into five main sections. The first four sections summarize the data gathered over the course of the treatment with each client. Each section is organized to present one stage of gathering information from each of the three clients. The final section is an integration of the data described in the first four parts.

First, data gathered from the initial interview and selected subsequent sessions with each client is presented. This section is subdivided into three sections, representing the data for each of the clients - Abby, Louise, and Deborah. This data was collected through: (1) a problem-focussed initial interview with each client, in which the fourteen questions in Appendix C were explored; (2) a clinical assessment of each client based on the Lankton's diagnostic framework; (3) an initial summary report on each client, integrating information from the above two areas into one concise report; and (4) selected examples of therapeutic metaphors designed with all of the above information in mind for each individual client. Each subsection concludes with a brief discussion of these selected therapeutic metaphors.

Transcripts of the multiple embedded metaphors that were

tailor-designed and delivered to each of the three clients are presented in the second section. A brief discussion of the design and intent of each M.E.M. follows. Next, each client's post-M.E.M. interview is presented in which clients are asked to reveal what they were thinking and/or feeling at selected stages of the metaphor. A brief summary concludes each client's section on the multiple embedded metaphor.

. In the third section, summaries on each of the three clients are presented in the form of therapy termination reports. Following each client's termination report is a treatment chart summarizing the therapeutic goals, metaphoric themes and homework for each session spent with that client.

Next, each client's perceptions regarding her treatment are presented via written questionnaires that each client received in the mail 5 weeks following treatment termination. The chapter concludes with a comparison and contrast of the clients' answers to this questionnaire.

Section I - Initial Interviews and Selected Sessions

Abby's Arrival

Abby arrived punctually for our first appointment. She is a very attractive, slim woman. She was casually and nicely dressed. She exhibited a strong intellect and a generally high level of articulation. Her behavior, thought content, insight and judgement were generally congruent with her expressed desire to stop smoking. She seemed nervous as to whether she would succeed, but highly motivated to try hard.

Abby's Problem Focussed Initial Interview

Therapist: Have you received previous treatment for smoking cessation?

Client: Yes. A few years ago a friend of mine went to a therapist who hypnotized him to quit smoking. It worked for him--he stopped! I was so impressed by this that I went to a shrink to get hypnotized too. I only went one time to this guy 'cause it was really yucky; I hated it! I felt like I was falling and didn't like that at all. It felt a lot like when I smoke marijuana--that same falling sensation . . . feeling out of control--which I don't enjoy feeling . . . very scary. Needless to say, it didn't help me quit.

Therapist: What, if anything, have you tried on your own?

Client: I've tried switching brands, but that never worked. I sometimes just quit. Last summer I quit for a whole week, but started smoking again at the end of that week.

Therapist: When did you begin smoking?

Client: I first began when I was 15, but didn't really smoke with any regularity until I was 19.

Therapist: When did you first notice it was a problem for you?

Client: When I was pregnant with my daughter. I was 22 then. I knew I shouldn't smoke, but I couldn't seem to stop.

Therapist: How many cigarettes a day do you smoke?

Client: Lately a pack to a pack and a half a day.

Therapist: When do you smoke?

Client: All the time, but mostly after meals. I love my after dinner ritual for instance. Clear the table and do the dishes, put my daughter to bed and sit down with my husband, and light up.

I also smoke a lot at work -- God, I hate that place! Smoking's the only pleasure I have there.

Therapist: Is that all?

Client: Oh, no! I smoke all the time, really.

Therapist: O.K., when don't you smoke -- for instance, do you smoke in bed? Or in the bathtub?

Client: No, I don't smoke in bed, or in a bath (big smile). Gee, I never thought about that -- I guess that are times I don't light up, huh?!

I use cigarettes as a reward sometimes. We're painting our house now, and sometimes I'll quit and have a cigarette to reward myself for my efforts.

Therapist: How do you feel right before you decide to have a cigarette?

Client: How do I feel? Anticipatory, I guess. I'm thinking about stopping whatever I'm doing and relaxing with a cigarette break.

Therapist: How do you feel while actually inhaling the smoke?

Client: Good! I love that feeling of taking the smoke in, --down the back of my throat. It's a very satisfying feeling.

Therapist: How do you feel just after you put a cigarette out?

Client: I usually feel annoyed with myself -- you know, like what did I do that for?

Therapist: Do you smoke your cigarettes all the way down?

Client: Yeah, usually.

Therapist: Who are the significant people in your life?

Client: Let's see -- S., my husband.

Therapist: Does he smoke?

Client: No! And though he doesn't give me any grief about it, he's like me to stop.

Therapist: Who else?

Client: Well, my daughter, Z. She's five now. She'd love me to stop -- she came home from day care the other day and told me I should stop cause smoking makes people sick. That really got to me -- my daughter, you know.

And there's my mom. She smokes. I see her fairly often -- she lives about an hour from me. She'll never quit; I guess she'd be threatened if I quit, I don't know.

And my friend, L. He never smokes. He'd probably be happy for me if I quit, but we've never talked about it.

Therapist: How would things be different without this smoking business?

Client: Well, I'd feel better -- more proud. I'd train for the Boston Marathon. Maybe I'd play better tennis! I'd be more comfortable with the role model I'm providing for my daughter.

Therapist: If the problem is not solved, what will happen?

Client: Just more of the same I guess. I'll probably get really down on myself. Maybe Z. (daughter) will start smoking and it'll be my fault!

Therapist: What would you consider success here?

Client: What do you mean?

Therapist: What, exactly, do you want from this therapy?

Client: Oh -- to quit smoking and be done with cigarettes!

Therapist: How quickly?

Client: Now that's a good question! Not too quickly -- but not real

slow either. Gradually, but steadily I guess.

Abby's Clinical Assessment

Milton Erickson acted on the belief that a comprehensive clinical diagnosis includes a treatment plan and vice versa (Lankton, 1983). Accordingly, a diagnosis ideally should culminate in an operational set of therapeutic interventions. Devising a treatment plan therefore, is strongly linked to assessing clients in a number of areas. This researcher accordingly evaluated Abby (and the other two clients) in each of the following areas which the Lanktons describe as the primary six considered by Erickson (Lankton, 1983):

(1) The structure of the family system and social network: Abby lives with her husband and five year old. This family unit appears to be a supportive environment for Abby. She and her husband sing and play music together, play tennis together, work on their newly purchased house together and so on. Her five year old appears to be happy, well adjusted and very fond of both parents. The extended network includes Abby's mother, with whom she talks frequently (and who is a smoker), a woman friend who Abby's been friends with since she was 12 (and who doesn't smoke) and a male friend of many years (who has quit smoking). Abby seems rooted firmly in these relationships, and greatly influenced by them.

(2) The stage of family development: Abby is in the early child rearing stage of family development. She appears to enjoy being both

a mother and wife.

(3) The developmental age of the client: Abby's developmental age appears to match her chronological age, which is 27. She exhibits age appropriate behavior and demeanor.

(4) The availability of resources, whether directly or only indirectly retrievable: Abby has demonstrated a vast number of resources, many directly retrievable, and some retrievable by less direct means (such as therapeutic metaphor).

(5) The flexibility of the client: Abby has a good perceptual ability and a wide range of context-appropriate behaviors and emotions.

(6) The function of the symptom (smoking) in client's current life: Abby uses cigarettes as a "reward" for herself,--a "treat." She is, it would seem, addicted to both the nicotine and the habit and patterns associated with her smoking.

Abby's Initial Psychotherapy Summary

- I. Identification of Client: 27 year old female, works part-time for a local newspaper, completed junior year in college and then dropped out, married, owns a house with her husband and their 5 year old daughter.
- II. Presenting Problem and Symptoms: Abby has smoked about one pack of cigarettes a day since she was 19 years old (although she actually began smoking when she was 15 years old). She smokes the most after meals (that's the "killer time" she explained, in terms of being the most difficult time for her to give up smoking) and while visiting with friends. She wants to stop smoking so she can run/train to run in the Boston Marathon, be healthy, set a better example for her daughter, etc.

She has made several attempts to quit in the past. She tried hypnosis several years ago to help her stop. This was a one-shot session which she described as "yucky" and not at all helpful. She described experiencing a "sensation of falling" that she didn't like at all. Abby explained she doesn't like to feel out of control and this experience was unpleasant and unsettling for her, and not successful in getting her to quit. She mentioned that she also switched her brand from Silver Thins to Merit Ultra Lights during this period, and she attributed this as an additional factor in the demise of her quitting. Last summer Abby did go one week without a cigarette, and then began smoking again at the end of the week.

- III. Mental Status on Admission: Abby arrives punctually for our appointments and casually and nicely dressed. She is a very attractive, slim woman. She exhibited a strong intellect and a generally high level of articulation. Her behaviors, thought content, insight and judgement were generally congruent with her expressed desire to stop smoking. She seemed nervous as to whether she would succeed, but highly motivated to try hard.
- IV. Family Background: Abby's husband does not smoke and is supportive of her quitting. Daughter has begun to take in Abby's negative attitude about smoking and now reflects it back to Abby with comments like, "Mommy, smoking's not good for you, you should stop it." Abby's mother and sister both smoke. Abby sees them fairly often and it is hard for her not to smoke when they do. Abby believes that while they'd be essentially happy for her if she quits, they'd also be ambivalent about Abby's quitting as it would make them think that they should make the effort to quit also.
- V. Psychological History: In an attempt to receive help in quitting cigarettes, Abby partook in a single hypnosis session several years ago. She described this experience as unpleasant, unsettling, and unsuccessful. She did not return.
- VI. Past Medical History: Abby's jaw does not open up all the way. She experiences pain and tightness when she tries to open it fully, and as a singer, she finds this to be a limiting medical problem. She currently is being treated for this by a local dentist who is attempting to realign her jaw with a bite plate and corrective positioning.
- VII. Current Life Situation: Abby and her husband and daughter recently moved here from another state where they had been living for the past several years. Abby's husband obtained a position here with a local college, but Abby had

considerable difficulty in securing part-time employment. She did obtain a part-time job with a local newspaper, but she's found the job to be very unsatisfying. She feels that she is pressured, underpaid, and treated rather rudely at the paper, and she smokes a great deal while on the job.

Abby and her family bought a house here, and she apparently derives great pleasure from planning and beginning her garden outside their house. She also seems to enjoy spending time with her daughter. Recently she joined a choral group and described singing as one of the great pleasures of her life. She and her husband used to sing together at weddings and now sing on the "local amateur circuit," as she called it.

She also enjoys playing tennis with her husband, and having friends over in the evenings to visit.

In general, Abby's beginning to work on becoming more healthy --physically fit, and eliminating smoking. She would like to run in the Boston Marathon someday, and is trying to begin readying herself for this.

- VIII. Financial Status: Abby's husband has a full-time position and Abby works part-time. They've recently bought a house, and are supporting one child. Their finances seem limited, though adequate. Outside sources of income were not mentioned.
- IX. Motivation: Abby says she wants to stop smoking for several reasons. One reason is that she'd like to run in a marathon, and feels that every aspect of her health will be crucial in making this fantasy a reality. She also would like to be setting a better role model for her daughter. She also indicated that she'd like to feel more in control of her behavior and that the success of quitting would result in giving her a feeling of self-confidence and pride that she would like to feel.
- X. Initial Formulations: Abby has apparently tried to stop smoking before. Her motivation and determination and enthusiasm are all very high and I am reasonably optimistic about a successful outcome for her.
- XI. Suggested Plan for Treatment: Short-term intervention (roughly 8-10 sessions) utilizing a strategic mode of therapy, emphasizing the employment of therapeutic metaphor aimed at indirect suggestion. Specifically, relaxation techniques will be employed in session, following which, client will be told stories (therapeutic metaphors) that isomorphically

parallel the client's life, in the spirit of Milton Erickson. Client will be instructed to carefully track when, where and why she smokes, why she wants to quit, and to choose the rate of cessation.

Abby's Selected Therapeutic Metaphor

The therapeutic metaphor that follows was told to Abby during her third treatment session:

All right, so take some time now to get comfortable. You can put your feet up and move around until you find that place of comfort . . . that place, that's right . . . just for you. You've done this before, so you have a good idea what to expect and you can just let your eyes fall closed as you feel comfortable . . . and ready to go to that inward space . . . that you have . . . the place where you feel good, that place where you begin to relax. And you have done this before, so you know what to expect. As you're ready, take in a long, deep slow breath . . . that's right . . . and hold it for just a second . . . that's right . . . and let it slowly flow back out now . . . good . . . and as you draw in another long, slow deep breath and hold it for just a moment . . . that's fine . . . Let it out--and with it, let any tension you may still have flow out too. Good . . . now as you breathe in your next long, deep breathe, breathe in confidence--very good . . . and as you let the breath back out, let it carry out any remaining tensions as you feel more and more relaxed . . . that's right. Good . . .

As always . . . your conscious mind may wonder about what I'm saying . . . why I'm talking about the things I mention, and of what possible relevance these things may have for you . . . while all the while your unconscious mind is making any necessary connections . . . will be comprehending . . . taking care of you . . . picking up all the relevant details for you. Your conscious mind may question what I say . . . while your unconscious mind understands with ease and makes sense and order of the words.

May I remind you that, as always, there's no right or wrong way to listen to the stories; if you tend to drift off into thoughts of your own, that will be fine. Your unconscious will pick up any information that you may need, and you can just r-e-l-a-x, and trust that process to take care of you.

So now as you take in another long, deep slow breath, gently let it out, and relax and enjoy everything.

I want to talk to you today about a woman who I saw a little while back, who came in with a different problem. This woman was a tennis player. For years she enjoyed developing and perfecting her game playing singles. She worked very hard to get, and stay in shape, and by the time she reached eighteen years old, her game and her form were excellent. But she had been tiring of the singles game and by the time she was eighteen, she had begun to play mixed doubles more and more often. She found she enjoyed playing doubles--particularly mixed doubles--more than playing by herself at that point. She explained that it was a whole new game to learn, and she strived to become good at playing with a partner. She tried several different partners before she found the one she felt she was the most in "sync" with, the most balanced by and so on . . . And when she was nineteen years old, she found him . . . A tall man with excellent form to match her own. She felt they were a perfect match . . . He had powerful strokes and was an aggressive player though somewhat lacking in control and planning. She, on the other hand, was a very controlled player and thought out her game strategies carefully. Where he lacked control, she complemented him. The woman met this man while she was still in a tennis school--she had two years left before she "graduated." He had just graduated from this same school prior to meeting her. They played together for a year following their initial meeting --and at the end of that year they decided that they were terrific partners, that they balanced each other very well, and encouraged and

pushed each other to play their very best. So when the woman turned twenty, she dropped out of the tennis school in order to become permanent partners with this fellow. They toured together for two years, playing everywhere and loving it. They got even better together with time and experience, and when the woman was twenty-two they decided to take on a young student to coach as a next step in broadening and strengthening their partnership skills. And here the woman's problem began: "How," thought the woman, "can I instruct this fledgling, when I'm still perfecting my own game? How can I be counted on to do the right thing and set a good example for our little apprentice?"

She tried to remember back to acquiring her own game -- endless days of practice -- using both arms and hands to swing hard on backhand shots; trying to be conscious of so much -- watching the ball, hand/eye coordination, tossing the ball high enough on the serve, tossing again and again in practice until one day she knew she had learned it! . . . Keeping her shoulder to the net as she swung, bending her knees deeply into a lunge to get those hard, low shots, and on and on and on. She recalled the feelings of exhilaration and pride as she mastered each new skill and gained more and more confidence in herself. It felt terrific! And she felt calm and confident remembering how good she was. She also remembered a bad habit she had back then -- she had been a gum chewer for years. She would chew gum all the time, even while taking tennis lessons and practicing. She would chew a piece for 3-5 minutes, until it had lost its taste, and then she'd immediately put a new piece into her mouth and chew it for 3-4 minutes, and so it

would go --all day long. Well, you can imagine the problem this presented for her as a tennis player: it required that she relax her concentration from the game for a few minutes while she rummaged around in her pocket for a pice of gum and unwrapped it and popped it into her mouth. It was a bad habit and she knew she'd have to break it if she wanted to become a really good player.

She sought the advice and support of a coach back then. She tried to recall for me what the coach had said to her, because it had a powerful influence on her life. Her coach told her, Abby, "Whatever you think about, you attract into your life. Think about a sloppy game and habits, and you attract it. Think about grace and strength and success and you attract it. As a player thinks, so she becomes, and if you think about winning your game -- whatever it is -- you will!"

The woman said it was funny, but after listening to that coach, she stayed ultra-focussed on her game and what she really wanted -- which was to be a good player, and to stay in shape both mentally and physically so she could win at her game. She told me that one day as she was popping a piece of gum into her mouth, she realized that she never chewed gum on court anymore. It surprised her to realize this, and she decided to throw out the piece of gum she was about to pop into her mouth. From then on, she made an effort to be aware of her gum habit and to throw the gum out instead of into her mouth. She did stop the gum habit altogether soon after this. She told me that she had realized that her coach had reminded her that just as she had been born with an ability to play tennis that had to be developed and

worked at and practiced for it to arrive at the effortless stage where it became an unconscious, second nature sort of experience, so was she born with an ability to quit bad habits and develop healthier ones in their place; but this ability too must be developed and worked at and practiced for it to arrive at the effortless stage where it will become an unconscious, second nature sort of experience.

The woman recounted all this to me and I reminded her that she had already demonstrated that she was a determined, intelligent woman who knew how to do and get what she wanted. And just as her coach had reminded her that she had everything that she needed right there inside her, so could she now guide her little fledgling tennis player. The woman smiled as she listened to me say these things and you could see that she knew this was true. You could see the self-confidence and delight swell up in her. She said she did, in fact, feel ready to take on the role of instructing her young charge, and that she furthermore, knew she could set a terrific example. The last thing I heard was that this woman and her partner now run a children's tennis camp and the woman reportedly loves being a good model for the apprentice players!

Now, while I've been talking, you've been thinking about many different things. I want to thank your unconscious mind for making this relationship available. And you can wonder about the tennis courts and the players you see when you leave here and drive home. And I'm not sure what you will recall about tennis, sets, setting examples and so on for it is quite possible that you will forget about these things now and remember them later, or remember them all now and only the best parts later. As always, your unconscious will take good care of all these things, allowing you to feel refreshed and relaxed and in full command of your enjoyment of it all. Now as I'm speaking, you may begin to notice the hum of the fluorescent lights

and the creaking of doors opening and closing out in the hall. You may become more aware of the feel of the floor beneath your feet and you may feel like stretching. And as you feel ready, you may begin to come back into the room, more fully refreshed and aware of your surroundings. So . . . as you are ready . . . open your eyes and come back . . .

Discussion - Abby's Tennis Metaphor

Designing a treatment plan for a therapeutic metaphor necessitates a preliminary identification of several metaphor themes which are related to both the client's conscious and unconscious concerns. To that end, Abby's case was considered in light of the following six categories, which the Lanktons propose as major areas in which to measure therapeutic change whatever the nature of the treatment:

- (1) Bonding and age-appropriate intimacy
- (2) Self-image enhancement
- (3) Attitude restructuring
- (4) Social role change
- (5) Family structure change
- (6) Enjoyment of life

(Lankton & Lankton, 1983)

In constructing the tennis metaphor for Abby, the researcher integrated the information yielded from the preliminary assessment and information revealed thus far in session, and selected the following metaphoric themes:

- (1) bonding and age-appropriate intimacy - simply reflected her marital partnership in her tennis partnership.
- (2) self-image enhancement - must evolve to her being proud of her abilities, and proud and confident of herself as a good role model for her daughter.
- (3) attitude restructuring - a person who dwells on not winning her game is prone to a self-fulfilling prophecy. Therefore she must change her attitude to be one of a positive expectation of success, and of possessing the necessary strength, will power, etc., to quit smoking.
- (4) social role change - needs to establish more connection

with her new community here - join organizations, clubs, whatever, meet people and establish relationships within the local community.

- (5) family structure change - as daughter begins to attend school for a full day, mother has more time for herself; needs to create outside interests and/or occupation.
- (6) enjoyment of life - since dissatisfied with her current job, needs to develop new career opportunities that excite and challenge her.

The aforementioned desired outcomes (metaphoric themes) directly relate to central aspects of Abby's present situation. Since the focus of this therapy was to help Abby stop smoking, the choice was made to focus her therapeutic metaphor, in this case, on items two and three as described above. Since Abby's availability of resources were earlier assessed as plentiful and for a large part, directly retrievable, the researcher did not construct a particularly disguised metaphoric parallel for her. Rather, the theme of the evolution of a tennis player (a relevant topic that she could relate to from her own experience as a tennis player) was chosen as the context in which to set the work on self-image enhancement and attitude restructuring. Although Abby was not assessed as particularly resistant at this stage, thereby requiring a very indirect approach, the above themes would not be discussed with her without altering them in some metaphorical manner. For instance, focussing on items two and three again, the researcher could have asked her directly, "What are you doing to feel confident about yourself as a role model for your daughter?" or "Why don't you feel confident that you can give up smoking?" However, this type of direct questioning would (1) merely yield information that was already obtained (that Abby was not consciously focussed on her

positive qualities as a competent role model and that she was very focussed on feelings of inadequacy regarding her ability to stop smoking) and (2) quite possible put her on the defensive and be ineffectual in that it causes arousal of her resistance, and the likely subsequent break in rapport and trust between client and therapist. Exploring the themes of a tennis player recounting previous learnings and successes, and becoming confident in her ability to provide a good role model for her young tennis student provided Abby with occasion to examine some of her own learnings and successes within a new framework that was non-threatening.

Louise's Arrival

Louise arrived on time for our first appointment. She was highly articulate, though her general appearance on admission indicated a low self-esteem. She was approximately 30 pounds over-weight, not carefully attired and had difficulty maintaining any eye contact. She disqualified almost everything she said (which was generally quite perceptive and intelligently thought out) by saying, "I don't know" at the end of the thought, averting her eyes and falling silent. Louise alternately appeared depressed and somewhat hopeful on admission. She exhibited a good sense of humor at times. She generally seemed unsure of herself and anxious about whether she would really quit right now, though she consistently expressed her desire to do so and seemed motivated to put forth a good effort.

Louise's Problem Focussed Initial Interview

Therapist: Have you received previous treatment for smoking cessation?

Client: Yeah, I was working in a hospital, let's see . . . hmmm, in 1978, and I joined this group within the hospital that met with the purpose of helping us to quit. It was good--they had us keep records and chart all of our cigarettes. It worked for me--I quit for about, gee, about 6-8 months following that.

Therapist: What, if anything, have you tried on your own?

Client: Well, I've tried a number of different approaches to this --there have been times when I would restrict where I could smoke;--for instance, only on the porch of my apartment, or only in certain rooms. At one time, I simply decided not to let myself smoke at all within my apartment. Both these things worked for a short while. At times I won't go to a certain social event because I know there'll be a lot of smoking there and I'll want to smoke too. The times when I quit, or dramatically cut down, I also lost 10-15 pounds. That was nice.

Therapist: When did you begin smoking?

Client: Well, regularly . . . during my senior year in college.

Therapist: When did you first notice it was a problem for you?

Client: When I was working in a hospital and began seriously considering my own health.

Therapist: How many cigarettes a day do you smoke?

Client: I smoke about a pack a day right now.

Therapist: When do you smoke?

Client: Hmmm . . . well . . . I smoke all the time when I'm writing--it makes me feel like I'm really concentrating. I smoke when I come home and sit down to open up my mail--mostly 'cause my mail often consists of replies from various magazines as to whether they liked my writing enough to publish it. I smoke in between my classes. In social situations--especially after a nice meal at a restaurant. When I'm bored, or upset. God, I smoke all the

time! Oh -- when I'm driving too.

Therapist: When and where don't you smoke?

Client: I don't smoke in my bedroom or living room. I try to have some rooms smoke free -- especially since B. doesn't smoke. If I'm with people who are non-smokers in a non-ventilated space, I won't smoke. I don't smoke in my parents' house.

Therapist: How do you feel right before you decide to have a cigarette?

Client: I don't really think about it most of the time. I mean, it's not as if I say to myself, "Now I'm upset so I'll smoke a cigarette." But reflecting on it, that's often the case. I think I do smoke when I'm upset a lot.

Therapist: How do you feel while actually inhaling the smoke?

Client: I like the feeling of inhaling a lot! I know that's bad, but I do. It's relaxing somehow.

Therapist: How do you feel just after you put a cigarette out?

Client: Sometimes O.K. Lately, I usually feel uncomfortable with myself 'cause I'm more aware that I'd like to be quit.

Therapist: Do you smoke your cigarettes all the way down?

Client: Yes, most of the time. Sometimes I put it out after it's $\frac{1}{2}$ gone, but usually all the way down.

Therapist: Who are the significant people in your life?

Client: Um . . . Well, B., my boyfriend, and I guess my parents.

Therapist: Do any of them smoke?

Client: No. My father used to, but quit, and my mother and B. never have.

Therapist: How do these people feel about your smoking?

Client: Well, my parents hate it and don't allow me to smoke in their house. B. doesn't like it, but he doesn't nag me about it either. He's supportive of my quitting.

Therapist: How would things be different for you if you didn't smoke?

Client: Well, both times I quit before, I also lost a considerable amount of weight. I think I'd feel proud of myself for quitting, and if I lost weight--proud of that too. I'd like to begin running, but when I tried this a week ago, I was extremely short of breath, which I'm sure is from the smoking . . . so, if I didn't smoke, I'd probably breathe easier. Also, I wouldn't have to go outside of my parents' house when I visit there, and feel exiled.

Therapist: If the problem is not solved, what will happen?

Client: I'll probably die (nervous laughter). No, really, I think my health will get very bad and I'll die young.

Therapist: What would you consider to be a successful experience for you as a result of coming here to Psychological Services?

Client: To be quit smoking! And not to be totally obsessed with cigarettes as a result.

Therapist: Do you have a sense of the pace at which you would like to quit?

Client: Yeah--not cold turkey.

Therapist: So, you would prefer a gradual cessation?

Client: Well, yeah, but not too gradual--I mean this is short term therapy, right? So, I'd like to be quit in a couple of months. (Much laughter). Do you think I can do that?

Therapist: I think with some determination, you could do just about anything.

Louise's Clinical Assessment

(1) Structure of the family system and social network: Louise lives with her boyfriend, B., four days a week in her local apartment. She describes B. as highly supportive of her in every area, and quitting smoking is something she knows he'd support her doing. Louise has numerous contacts through her position with the university's writing

program --most of whom are also graduate students who smoke -- especially when they are writing and in social situations. Louise's family of origin lives in Maine. She generally sees them only once or twice a year.

(2) Stage of family development: Louise is in a new courtship stage (having been married and divorced) and is currently considering marriage. She and B. have been together for 3-4 years now, and appear to have a good, supportive relationship.

(3) Development age of client: Louise's developmental age appears to match her chronological age (31). She exhibits age appropriate activity (jobs, graduate school, etc.).

(4) Availability of resources (whether directly or only indirectly retrievable): Louise appears to have quite a large number of resources, most of which seem unavailable to her conscious mind. A less direct approach in resource retrieval and self-image building seems desirable. An ideal candidate for therapeutic metaphor for this reason.

(5) Flexibility of the client: Louise has a somewhat limited range of context-appropriate behaviors and emotions, yet she is quite self-perceptive and seems aware of this and willing to expand herself in this area.

(6) Function of the symptom (smoking) in client's current life:

Louise uses cigarettes to: (1) ease her discomfort in social situations; (2) to help her feel like she's concentrating when she's trying to write; (3) to ease her anxiousness in most situations (opening publication acceptances/rejections, between classes, and so on); (4) to

repress strong emotions (boredom, fear, loneliness). She is, it would seem addicted to both the nicotine and the habit and patterns associated with smoking.

Louise's Initial Psychotherapy Summary

- I. Identification of Client: 31 year old female, divorced, currently shares apartment with boyfriend of four years, full-time graduate student in MFA (writing) program.
- II. Presenting Problem and Symptoms: Louise began smoking regularly during her senior year in college (1974), which is when she married (her former husband smoked a great deal). In 1978, she quit for approximately 6-8 months with the aid of a group that met at the hospital where she then worked. This group used behavioral techniques and kept records of all cigarettes, etc. In 1981, Louise got herself to the point where she smoked only 1 or 2 cigarettes a week. She had her own apartment then and didn't let herself smoke in the apartment, which seemed to help her cut down to the point of 1-2 cigarettes a week. In the beginning of this semester, she quit for 7-10 days. Most of the students in her writing program smoke, and as a way to help her quit/cut down, she tried not going to all the social events (parties, going out after a writing workshop, etc.). This helped. Her other friends/family/lover do not smoke and are supportive, though not pushy of her quitting. Both times Louise quit before she also simultaneously lost 10-15 pounds. She is now roughly 30 pounds overweight.

Louise identified smoking categories for herself: (1) boredom, (2) social/relaxation situations and (3) escape situations (as in when she can't smoke in a particular place, so she leaves, using this as an excuse).

Presently, Louise smokes about 1 pack of cigarettes a day--Barclay--and she allows herself to smoke on her back porch or in her kitchen. She described success for her as being able to quit and not be obsessed with other people's smoke. She expressed a belief that it's within her to quit and once she makes up her mind, I believe she will.

- III. Mental Status on Admission: Louise arrives punctually for our appointments. She is highly articulate and intelligent. Her general appearance on admission would indicate a low self-esteem.

She is approximately 30 pounds over-weight, not carefully attired and has difficulty maintaining any eye contact. She disqualifies almost everything she says (which is generally quite perceptive and intelligently thought out) by saying, "I don't know" at the end of the thought, averting her eyes and falling silent. Louise alternately appeared depressed and somewhat hopeful on admission. She exhibited a good sense of humor at times. She generally seemed unsure of herself and anxious about whether she could really quit right now, though she consistently expressed her desire to do so and seemed motivated to put out a good effort.

- IV. Family Background: Louise's parents do not smoke, and do not allow her to smoke in the house when she comes to visit. Louise is currently trying to develop a "better" (closer) relationship with her parents and is planning a trip to visit with them in several weeks. Trips home are always anxiety-producing for her and she usually smokes there (outside, at other people's houses) a great deal as a result. She'd like not to do that this time. She'd also like to connect better with her father. Louise explained that her father was a Jew, but converted to Christianity as a young man. Louise would like to ask him about this and learn more about him, but is very nervous about any interaction with him.
- V. Psychological History: Louise married when she was a college senior (1974) and explained that as soon as she married she felt like, "Oh my God - what have I done?!" She went to a therapist shortly after getting married to help her deal with her ambivalences. She and her husband had a rocky time for several years. At one point, Louise decided she needed to take a trip by herself to see some friends and to think about her marriage. Her husband, in the meantime, had an affair while Louise was away. He called Louise after she was gone just a week or so and told her he wanted a divorce, and that he was going to marry his new lover. In 1978, Louise went into therapy again, this time to help her deal with her divorce. Not much later Louise met B., her current boyfriend, (who does not smoke) while they were both living in a mid-Atlantic state. They fell in love and Louise told herself that she would live with B., perhaps, but not marry him until they had been together at least as many years as she had been married (4) in order to stand the test of time. They moved to New England together in the Fall of 1981. B. has a job in a coastal city and Louise decided to go back to school for an M.F.A. in writing. Louise saw a counselor in the Fall of 1981 to help her cope with "returning to school issues." She and B. currently share an apartment locally where B. lives with Louise Thursday--Monday and works/lives in the city the rest of the week. They are currently talking about marriage, but Louise is quite ambivalent; at this point, her preference seems to be to

hold the status quo, rather than make a formal, legal arrangement.

- VI. Current Life Situation: As mentioned above, Louise and her boyfriend, B., are currently talking about getting married, though this is very stressful for Louise to consider at this time. Her preference for now appears to be to continue on in her relationship with B. as it presently is. She talks about B. with great fondness and love and describes their relationship as a very good one.

Louise currently spends 3 mornings a week at home writing. She writes short stories and is used to smoking while she sits and writes. She recently decided to only allow herself to smoke on her back porch in an effort to reduce the number of areas and circumstances where she writes. At school, Louise shares a T.A. office space with other members of her writing program, many of whom smoke. After writing workshops, many of these folks go out together for a drink and there are a lot of people smoking. Louise has stopped participating in these social times in an effort again, to reduce her encounters with smoke.

Louise described smoking while she's writing as "making her feel like she's concentrating." Apparently this is also pretty ingrained in her peers who write.

Louise wants to lose weight. She'd like to do this by exercising and this spring she audited a slimnastics class at the University, but she's stopped going. She also took a swimming class last semester, but she "sort of petered out" mid-semester. She has expressed a desire to incorporate walking for exercise into her daily routines. In general, she's like to clean up her nutritional/exercise/smoking habits in order to live a healthier life.

- VII. Financial Status: Louise holds a T.A. position at the University during the academic year and works part-time at various jobs during the summer. Outside sources of income were not mentioned.
- VIII. Motivation: Louise says that she wants to stop smoking for several reasons. She feels that it would enhance her health, giving her more oxygen to breathe and leaving her less short of breath when she runs, which she'd like to do. She feels like she'd feel better about herself if she took control over this habit and this aspect of her life. She'd like to not have to go outside when visiting her parents because of their dislike of smoke. I also see that Louise is in a space in her life where she'd like to make some positive changes. Quitting cigarettes is something she's done before when she wanted to lose weight, and feel better about herself and I think this is now somehow

tied up with feeling like she'd like to quit smoking and feel better about herself before she marries B.

- IX. Initial Formulations: Louise has been successful at giving up smoking before. Her motivation and determination and enthusiasm are substantial at this time and I am reasonably optimistic about a successful outcome for her if we can also tie this up with a more healthful lifestyle in general, as a way to anchor in new behaviors that are life-enhancing for her.
- X. Suggested Plan for Treatment: Short-term intervention (roughly 8-10 sessions) emphasizing therapeutic metaphor in a strategic mode of therapy that aims at getting client to exercise more, smoke less, and partake in more fun activities. Relaxation techniques will be employed in session, following which, client will be told therapeutic metaphors in the spirit of Milton Erickson. An exercise program, with supportive literature will also be assigned and incorporated into this program.

Louise's Selected Therapeutic Metaphor

The therapeutic metaphor that follows was told to Louise during her second treatment session:

O.K., so take some time now to get comfortable. You can move around and rearrange yourself until you feel just the way you'd like--put your feet up if you like; if you'd feel more comfortable facing away from me, swing your chair away, and that's just fine. This time is just for you . . . it's your time, so be comfortable in whatever way you'd like, and as you sit there . . . in that chair . . . feeling the back of the chair supporting your back . . . and the seat of the chair holding you up . . . and the floor under your feet, supporting you, you may begin to notice the sound of my voice more as you continue to focus your visual attention on that spot on the rug by my left foot. And as you feel ready, take in a nice . . . long . . . deep . . . slow breath--that's good, and hold it for a second or two before you let it out very s-l-o-w-l-y . . . that's right. And as you feel some of your muscles loosen and unwind, you can let your eyes gently close and rest, while you focus more inwardly, finding your own particular inner space of comfort . . . and relaxation . . . and peace . . . And as you take in another long, deep, slow breath . . . that's right, and hold it for a moment . . . that's exactly right, you may notice some tension easing as you gently let the breath back out . . . and with it, the

day's tensions. Good. Now as you breathe in this next breath, draw in deeply the feelings of confidence . . . and peace . . . and relaxation -- that's fine . . . and then hold for a moment before you gently release the breath, and any remaining muscle tensions . . . I want to talk to you today about a number of things . . . and there is no right or wrong way for you to listen to these things. While you are listening to my voice your unconscious is taking care of any necessary adjustments -- of comfort, understanding . . . and while your conscious mind may wonder at the many things I talk about, your unconscious mind will make sense of any details that are relevant to you -- storing them away for future reference and understanding. And as you listen to these stories, you may fully enjoy them -- in any way that is meaningful for you, 'cause this is your time.

I'm going to talk to you today about a bird, of all things.

This bird was actually a red headed woodpecker. And this woodpecker was quite a talented fellow, but he had a particular problem -- he was, and I know this sounds very silly, but he was . . . addicted to apples. Yes, this woodpecker was always eating apples -- he couldn't seem to stay away from them. Now, as you can imagine, this presented quite a problem for the woodpecker, who could not peck (which, of course, was his occupation) since his mouth was always occupied with apples. The woodpecker had quite a number of interests and activities that he liked to be involved in, but his apple addiction severely limited these activities and got in his way. For instance, the woodpecker both enjoyed taking walks and flying. However, he never got very far (in fact, he hardly could get going at all) before he felt compelled to fill his mouth with apples. This, of course, meant stopping his walk or flight to cram an apples or two (or three!) into his mouth and sit or stand around chewing and chewing and chewing and chewing! When he finally ceased what seemed like 'inhaling' those apples, he'd try to resume his walk or flight, only to find himself laboring under a

terrible strain as he huffed and puffed along. Pretty soon he'd have to stop moving, just to catch his breath. And since he was now stationary once again, out of habit, he'd reach for an apple; and before he even realized what he was doing, one apple would lead to another, and the cycle of apple addiction would begin all over again. Not only was the woodpecker hardly working at his 'pecking' occupation any more, but he realized with some horror, he no longer was really doing much besides eating apples.

So the woodpecker (who really had a good amount of common sense) reasoned that he must do something to improve his situation. So he left his home in the forest, and set out to find the answers to his problems. He decided to begin by seeking advice from the wise old frog in a neighboring forest. He found the frog, after traveling about for some time. He sat with the old frog for quite a while, relating the details of his story, and asking for help from the old frog. "What's wrong with me? What should I do?" asked the woodpecker. But instead of answering these questions, the old frog simply asked the woodpecker more . . . "What sorts of things are you proud of in your life?" queried the old frog. The woodpecker was considerably surprised by such a question, and for a moment was silent. Then he began to think over his life and the things which he did, indeed, take pride in. He recounted for the frog's benefit, how he and another woodpecker had become love birds together and built their nest together. Then after only four years his love mate became love birds with someone else and he decided to fly solo after filing for a divorce

in bird court. Our woodpecker went on to describe to the wise old frog how he taught himself to take care of himself and in particular, how he worked on developing his pecking style so he could make a living from this occupation. "After all," he told the frog, "there are lots of woodpeckers who peck, but only the really good ones can make a living from it." The woodpecker became quite animated while recounting these successes. He seemed suddenly energized as he went on, relaying things he felt proud of . . . "So I survived the love bird break-up and grew stronger. I taught myself discipline and how to peck for a living; I made new friends, lived in new places, and most recently, I'm proud to say, I'm learning to walk and run!" The woodpecker fairly burst his little chest with pride as he filled up with confidence as he relayed these last few things. The wise old frog nodded and his eyes twinkled and he smiled, but he remained silent. The woodpecker was quiet for a moment more and then added, "And I've got a new love bird too-- we've been together for almost four years now. At first, when we first met and fell in love, I didn't really trust it. After we'd been together for a year I "knew" we wouldn't last much longer. After two years I became less doubtful, after three years I felt more loveable and these days I feel pretty hopeful. Except I'd like to stop thinking about eating apples all the time, so I'd have more time to think about my mate!"

At this point the wise old frog stirred and stretched, and cleared his voice to speak. "You have many strengths and resources from which to draw, and as you just indicated, you are in touch with

many of them. Bright red woodpecker! The answers you seek are within you! You have only to look inward to yourself to find out what you've known all along! And then before the woodpecker had a chance to even blink, the frog vanished into what seemed like thin air.

The woodpecker, now feeling good, and that it was time to go, got up, smiled to himself, and set off for home. Before very long, he came to a big body of water with a bridge over it. The entrance to the bridge however, was blocked by a very high gate. As the woodpecker approached the gate, a mysterious thing happened . . . The gate suddenly began to rise up, higher and higher, making entrance to the bridge impossible. The woodpecker was puzzled and looked around for another way over the water, for he had to get to the other side to get home. But alas, there was no other way, and so he turned his attention back to the gate. He flapped his wings and flew up . . . up . . . up . . . up, but the gate kept rising higher than he could fly. The woodpecker became defeated and sat down to eat some apples. He began to cry out, "Frog! Where are you frog? I need your help." But the frog did not come. The woodpecker kept cramming his beak full of apples, feeling helpless. Suddenly, he thought he heard a voice. He stopped chewing a minute so he could hear better. Yes! He definitely heard a faint voice. He strained to listen more closely and then realized it was the frog's voice. And shimmering in a faint illusion before him was the frog. "Oh frog!" cried the woodpecker. "Help me --I can't get home without crossing this bridge and I can't get over this gate. "Help me! Please!" The frog shimmered for a moment as he spoke these

words, "Believe in yourself beautiful red woodpecker! You are strong and resourceful and the keys to all your locked doors lie within you. The answer is within you . . . you don't need me . . . you have only to look within yourself!" and then the apparition shimmered and glowed intensely a moment longer, and then it totally disappeared, and the frog was only a memory. But the wise old frog's words lived on inside the woodpecker and he said them to himself -- "the answer is within me!" as he threw the remaining apples in his lap away, got up, and looked at the gate. He thought very hard for a moment, visualizing his mate waiting for him at home on the other side of the bridge. And suddenly he realized the gate was just a smoke screen. He could see through it, therefore, he realized he could fly through it. Which he did -- with grace and speed and he soared as he traveled home, all the while contemplating his many strengths.

When the woodpecker finally reached his home, his mate was very happy to see him. The woodpecker told his mate everything that had happened, and as he was telling the story, he realized he hadn't had any apples for hours and hours. And he didn't want any now. He decided to tell his story to all the forest creatures, at his mate's suggestion, and he pecked out the words on the nearest tree with great gusto. He had come home and he felt good and in charge of his life! And to this day, the tale of the red woodpecker is told in that region of the country as a favorite tale.

Now, while I've been talking, your breathing's become more relaxed and deep, and your focus has been on my voice . . . which has been telling stories to you. And I don't know what you'll make of these stories, what you'll remember and what

you'll forget now and remember later. But I do know that your unconscious has been listening closely, taking good care to store away any relevant information for you, and allowing your conscious mind to relax and enjoy and feel refreshed. And as you listen to the sound of my voice now, you may begin to notice other sounds too -- the voices in the hall outside, the hum of the fluorescent lights, the sound of footsteps. You may become more aware of the chair supporting your back and bottom and the feel of the floor beneath your feet. And you may feel like stretching, all of which is fine. And as you feel ready, you may begin to come back, more fully, into the room, more fully refreshed and aware of your surroundings. So, as you feel ready, you can open your eyes and come back . . .

Discussion - Louise's Woodpecker Metaphor

As previously mentioned, constructing a treatment plan for a therapeutic metaphor requires an initial identification of several metaphoric themes which are related to both the client's conscious and unconscious concerns. To this end, the researcher considered Louise's case in view of the following six categories which the Lanktons propose as major areas in which to measure therapeutic change, whatever the nature of the treatment:

- (1) Bonding and age-appropriate intimacy
- (2) Self-image enhancement
- (3) Attitude restructuring
- (4) Social role change
- (5) Family structure change
- (6) Enjoyment of life

(Lankton & Lankton, 1983)

In creating the woodpecker metaphor for Louise, the researcher integrated the information gleaned from the initial assessment, and the information revealed thus far in session, and selected the following metaphor themes:

- (1) bonding and age-appropriate intimacy - needs to move toward a decision whether to marry B. or not.

- (2) self-image enhancement - must develop a pride in herself -- her appearance, her talents and strengths, her personality. Must practice liking herself.
- (3) attitude restructuring - must cease looking to outside sources to solve her problems and/or to "save" her. Therefore she must change her attitude so that she looks within herself, and finds there the skills, talents, strengths and resources she needs. The actual change in attitude here would be one from relying on others to a confident self-reliance.
- (4) social role change - no change perceived needed here at this time.
- (5) family structure change - needs to take a more active, adult role in creating a new way of interacting with her father.
- (6) enjoyment of life - she has been living as if "doomed to die" soon, therefore needs to establish a healthful lifestyle that incorporates exercise, good nutrition, challenging yet satisfying work and nurturing and growthful relationships.

The above mentioned desired outcomes (metaphoric themes) directly relate to central aspects of Louise's present situation. Since the focus of this therapy was to help Louise stop smoking, the researcher chose to focus the therapeutic metaphor, in this case, on items two and three as described above. The researcher chose a woodpecker as the protagonist to help establish rapport and identification with the central metaphor character: Louise has red hair, as does the woodpecker in the metaphor. Louise is also a writer who self-described her working style as "pecking away on the typewriter for a living," hence the woodpecker recounting previous learnings and successes, and becoming confident in his own ability to solve his dilemmas provided Louise with occasion to examine some of her own learnings and successes within a new framework that was non-threatening.

In the beginning of Louise's third session, the researcher asked Louise if she had thought about the story she was told during her

previous treatment session. She replied,

Yes, I thought about the story. I don't know where the story came from. I was moved by the story--I felt like there were so many things I could hook into. I felt like, "God, she must make up an individual story for each client! God, she puts so much work into this!" Then I was thinking, "that can't be true--she can't make up a different story for each person!"--'cause, I mean, the woodpecker thing--I immediately thought--Red-headed woodpecker! So of course, I identified with the woodpecker. Um, yeah, and I was thinking . . . sometimes I would think of the fence or something like that, but it wasn't like I thought about it when I wanted to have a cigarette. But I thought about it in terms of . . . uh . . . oh I know! The other thing I liked about it a lot was (I don't know if I'm taking it too literally, but . . .) I really liked the part where the old wise frog comes back and tells the woodpecker that the woodpecker doesn't need him. Because I think one problem I've had with a lot of the therapist situations that I've been in is feeling like there was an assumption that I was sick and there was something wrong with me . . . even though I had a problem and I went to see somebody about it; then really resenting that assumption and not seeing how, as long as that assumption existed, that I could get things straightened out. So, that was really nice to hear that . . .

And I thought about it as "Oh, this could be a really nice sort of thing for not just smoking but for eating and writing and just about anything." I liked it.

Louise had obviously made a strong identification with the woodpecker. Furthermore, she came away from the metaphor with the central notion that she had the answers within her, and that she therefore had the power and ability to make any changes she needed to make. A therapist could serve as her coach or guide to help facilitate these changes, but Louise was the one who could exert the power to actually find and enact those answers. This is a crucial understanding for any client, and of particular meaning and value for Louise, given her past therapeutic experience. Rapport had been firmly established here, and the seedlings of self-empowerment well-planted.

Deborah's Arrival

Deborah arrived punctually for our first appointment. She was dressed casually and neatly. She is a smallish, attractive woman in excellent physical shape. She exhibited a high sense of adventure through her conversation and a delightful playfulness. She laughed easily, though somewhat nervously. Her manner was slightly tinged with a defensiveness. She was reasonably articulate and seemed to be of average intelligence. She appeared highly motivated to quit and quite positive she should achieve this through a "cold turkey" process.

Deborah's Problem Focussed Initial Interview

Therapist: Have you received previous treatment for smoking cessation?

Client: No, none.

Therapist: What, if anything, have you tried on your own?

Client: Well, I can't say I ever really tried anything. I mean, once in a while I'll want a cigarette, and I'll tell myself I can't have it until I do my next chore, or something like that. But . . . about 7-8 years back I was working in a hospital--a cancer hospital. A patient of mine died and I went to his autopsy. It was awful--his lungs were so black--sooo black! I just quit--cold turkey--and didn't have a single cigarette for three months. But then I began again--I don't even know why, just did.

Therapist: When did you begin smoking?

Client: I've been smoking since I was 16.

Therapist: When did you first notice it was a problem for you?

- Client: I guess when I began again after I'd been quit for three months. I remember thinking when I was pregnant with my second daughter that I should do this pregnancy smoke-free, but my first girl was o.k., so I smoked through the second one, too.
- Therapist: How many cigarettes a day do you smoke?
- Client: About a pack a day at present.
- Therapist: When do you smoke?
- Client: Well, whenever I have a cup of coffee, I smoke. When I'm on the phone, I smoke a lot. At night, when the kids are in bed and I'm alone and bored--I smoke the most then--one right after another. Oh, you know, at work on breaks, the usual. In the car, driving. All the time, I guess.
- Therapist: When and where don't you smoke?
- Client: Hmmm, there aren't really any times I . . . oh, well . . . I don't smoke around my patients--when "on the floor," I mean--(I do, on breaks). That's it.
- Therapist: Do you smoke in bed?
- Client: Oh, NO!
- Therapist: In the bathtub?
- Client: I take showers, and no, not then obviously!
- Therapist: Are there other times or places you don't smoke?
- Client: Well, I don't smoke when I swim--is that what you mean? Or when I work out at Nautilus--but I do on the way there and back home!
- Therapist: How do you feel right before you decide to have a cigarette?
- Client: I don't know (mildly annoyed voice tone). Bored, I guess; dissatisfied, like I want some pleasure--immediately!
- Therapist: How do you feel while actually inhaling the smoke?
- Client: Great! It's one of the only pleasures I have. I love smoking!
- Therapist: How do you feel after you put a cigarette out?

Client: Like I want another one.

Therapist: Do you smoke your cigarettes all the way down?

Client: Yeah, usually.

Therapist: Who are the significant people in your life?

Client: My daughters. My folks. My girlfriend S.

Therapist: Do any of them smoke?

Client: Well S. does--just like me--all the time. She calls me up every night and we talk for an hour or two, and she says, "got your cigarettes?" when I pick up and I say, "yes," and off we go!

My mother smoked. My dad did too, but he quit cold turkey when a friend of his died some years ago.

My girls, of course, don't.

Therapist: How do these people feel about your smoking?

Client: Well, S. doesn't feel anything of course, since she smokes with me. My folks don't ever say anything about it, but I guess they'd like me to quit. My girls are the worst--they call me a liar 'cause I tell them I'm going to quit, and then I don't.

Therapist: How would things be different if you didn't smoke?

Client: Well, my daughters wouldn't call me a liar (laughs). I'd probably feel better,--I'd definitely be better off--health wise, I mean. I'd stop wheezing.

Therapist: If this problem is not solved, what will happen?

Client: I'll sue you for malpractice (laughs). No, I don't know. I'll just keep smoking. My girls will probably never believe me.

Therapist: What would you consider to be a successful experience for you as a result of coming here to Psychological Services?

Client: To quit smoking--cold turkey--just to be quit! Totally.

Therapist: Do you have a sense of the pace at which you would like to quit?

Client: Cold turkey! Now! That's the only way!

Deborah's Clinical Assessment

(1) Structure of the family system and social network: Deborah lives with her two daughters, ages six and nine years old. She has been separated from her husband since her youngest was born (six years ago). He lives in a neighboring town with his current girlfriend, and comes to visit his daughters from time to time. Deborah has led the life of a single parent since her husband left her. Her daughters appear to be happy, well-adjusted and fond of her. The extended network includes Deborah's parents who live nearby in the same town as she, and whom she sees often. She has a sister, nine years younger, who lives with her parents. Her two brothers, who are four and five years older than she, are business partners and also live close by. Deborah doesn't feel especially close to her siblings, though she sees them fairly often and knows she could count on their help if she needed it.

Deborah's social network primarily consists of one close woman friend. Deborah is feeling isolated and lonely within this limited social life.

(2) The stage of family development: Deborah is in the early child rearing stage of family development. She appears to enjoy being a mother, though she also seems to be struggling with feelings of isolation and loneliness in this role.

(3) The developmental age of the client: Deborah's developmental age appears to match her chronological age, which is 32. She exhibits age appropriate behavior and demeanor.

(4) The availability of resources, whether directly or only indirectly retrievable: Deborah appears to have quite a number of resources, many directly retrievable, and some retrievable by less direct means (such as therapeutic metaphor).

(5) Flexibility of the client: Deborah has a somewhat limited range of context-appropriate behaviors and emotions, and appears quite resistant to change here, in spite of her request for help. A largely indirect therapeutic approach will be necessary in working with her in this area.

(6) Function of the symptom (smoking) in client's current life: Deborah uses cigarettes primarily to repress strong emotions (boredom, loneliness, fears). She seems to be addicted to both the nicotine and the habit and patterns associated with smoking.

Deborah's Initial Psychotherapy Summary

- I. Identification of Client: 32 year old female, separated from husband six years, mother of two children (two girls, 6 and 9), registered nurse, owns and maintains a house in the local area.
- II. Presenting Problem and Symptoms: Deborah has been smoking cigarettes for 16 years. For the past two years she has smoked between 1-2 packs a day (Winston Lights). She tried to quit once about 7-8 years ago, while working at a Cancer Hospital. She quit "cold turkey" after a patient of hers died and she saw his black lungs during an autopsy. She stayed quit for three months, but then began again. Deborah wants to quit and stay quit this time. Deborah drinks a lot of coffee (ten cups a day) and often smokes with her coffee. Currently she is trying to eliminate sugar from her diet and is concentrating on eating well (natural foods) in a balanced diet.

Deborah spends a great deal of time at home alone in the evenings, smoking. Her social contacts are limited and she expressed a definite desire to meet new people and form new friendships, "just to talk with another adult."

- III. Mental Status on Admission: Deborah arrives punctually for our appointments. She dresses casually and neatly. She is a smallish, attractive woman in excellent physical shape. She exhibits a high sense of adventure through her conversation and a delightful playfulness. She laughs easily, though somewhat to cover her nervousness. Her manner is slightly tinged with a defensiveness. She is reasonably articulate and seems of average intelligence. She appears highly motivated to quit and quite positive she should do it "cold turkey."
- IV. Family Background: Deborah's parents live nearby in the same town as she. Her father used to be a heavy smoker. He had a friend who died of cancer and he quit "cold turkey" when his friend died. Her mother has smoked off and on. Deborah sees them regularly and they are her main support system. She has one sister, nine years younger than she, who lives at home with her parents and works as a secretary. She also has two brothers, one four years older, the other five years older, who are partners in business and live locally. Deborah said she doesn't feel particularly close with her siblings, but sees them fairly often and knows she could count on their help if she needed it.

Deborah has been separated from her husband for six years. He is 36 years old and lives locally with his 20 year old girlfriend. He visits his daughters fairly often, though not regularly.

Deborah's daughters are six and nine years old. The six year old plays the fiddle and has entered several fiddle contests for children. Deborah has both children take music lessons (the nine year old plays drums) and is quite proud of them, especially since (she describes) there is no musical ability elsewhere in either parent's family.

- V. Psychological History: About six years ago, Deborah went to a therapist to help her deal with her husband leaving her. Deborah has pretty much led the life of a single parent since that time. She has one or two woman friends with whom she can talk, drink, and smoke, but she is generally lonesome and desiring more intimate friendship.

Deborah exercises a great deal and is in very good physical condition. She works out at Nautilus 3-4 times a week and swims twice a week.

- VI. Current Life Situations: As previously mentioned, Deborah's social life is currently unacceptable to her. She expressed the fact that for most of her life she always had friends, people seeking out her friendship and asking her to do things with them. Yet for the first time in her life she finds herself not being called or sought in any way, and she's annoyed that she now finds herself in the role of having to ask others to do things if she wants to have company.
- Deborah works from 6 a.m.--2:30 p.m. five days a week in addition to raising her two daughters and taking care of the house and routine business. Her current social outlets are extremely limited and she is quite lonely.
- VII. Financial Status: As mentioned, Deborah works as a registered nurse in a full-time position. Outside sources of income were not mentioned.
- VIII. Motivation: Deborah's motivation to quit smoking at the present is her children and wanting more breath to increase her swimming and her nautilus exercise program. Her daughters tell her that she could "die of cancer" and "you're a liar--you tell us you're going to quit but you never do." Deborah wants to be done with cigarettes, to feel the sense of pride and control over the habit and to set a better example for her girls.
- She also began wheezing recently and this worried her. Deborah is ambivalent, however in her desire to quit. She describes smoking as one of the only pleasurable activities she currently has, and wonders why she should eliminate it under these circumstances.
- IX. Initial Formulations: Deborah has been successful at giving up smoking previously. She is determined to stop "cold turkey," though I'm not confident at all that this is the ideal way for her to quit successfully. I believe I should have her try her way first in order to remove her resistance to other, more gradual ways later on, should she need them.
- X. Suggested Plan for Treatment: Short-term intervention (roughly 8-10 sessions) emphasizing a strategic mode of therapy that aims at getting the client to be engaged in more social activities where she will have the opportunity to make new friends, partake in activities and reduce or eliminate her smoking. Client will be instructed to carefully track when, where and why she smokes, why she wants to quit and to choose her method of cessation--"cold turkey" or gradual reduction--elimination.

Relaxation techniques will be employed in each session, following which, client will be told therapeutic metaphors,

individually tailored for her in the spirit of Milton Erickson.

Deborah's Selected Therapeutic Metaphor

The therapeutic metaphor that follows was told to Deborah during her fourth treatment session:

O.K., so we've done this several times together now, so you know what to expect. You'll probably want to make use of this time now to get comfortable . . . so you can feel free to move around, put your feet up and settle down into a relaxed posture in your chair that feels good . . . that's right . . . and as you feel ready, take in a long, deep slow breath . . . g-o-o-o-d, and hold it for just a second . . . that's right . . . and let it slowly flow back out now . . . good. And as you take in another long , slow, deep breath and hold it for just a moment . . .real good, let it out gently, and with it, let any tension you may have flow out too. Good . . . now as you begin to feel ready, take in another long, deep, slow breath, and breathe in confidence--excellent . . . and as you let the air gently escape, let it carry out any remaining tensions as you feel more and more relaxed. Good . . .

Now as you sit there, in that chair, feeling the hardness of the seat supporting you, you may find your thoughts wandering over your day; and you may notice how easily your hands rest on your thighs, and how relaxed they feel, as you felt relaxed last week as you sat in that chair. That's right--nice and relaxed--'cause this time is your time--just for you.

As always . . . you may find your conscious mind wondering about what I'm saying . . . why I'm talking about these particular things to you . . . and of what relevance these things may be to you . . . while all the while your unconscious mind is making the necessary connections . . . will be understanding . . . taking care of you . . . storing away relevant information for you. Your conscious mind may wonder about what I say . . . while your unconscious mind understands with ease and creates order and sense from the words.

May I remind you that, as always, there's no right or wrong way to listen to the stories and things I say. If you notice you drift off into your thoughts, that's perfectly fine. Your unconscious will pick up any information that you may need, and you can feel free to simply r-e-l-a-x, and trust that process to

take care of you.

So now as you take in another long, deep slow breath, gently let it out, and relax and enjoy everything.

Tonight, one of the stories I'm going to tell you, is about a mother lion. And this mother lion, who in the jungle, is commonly referred to as "Mama Lion" had two young cubs that lived with her, and were in her care. And this mother lion was very concerned because it was hard bringing up two young cubs in that jungle with all the strange influences around. And she was very caring, and she wanted the cubs to grow up right, and she wanted them to be able to take care of themselves. Now, as I've said, the Mama Lion was a caring mama, and she tried hard to set a good example for her offspring. One day, early in spring, Mama Lion decided to take a good, long, hard look at herself, and she didn't really like one of the things that she saw. She realized that though she was a queen--a real lioness, she also showed serious signs of becoming a pack rat. "Yes," she noted to herself, "I'm accumulating a lot of unnecessary things, the way pack rats do! And even worse, my baby cubs are following my example." The Mama Lion sighed, as a sort of out-of-control feeling overwhelmed her.

Then she perked up quite a bit as she thought about a number of the ways she had always been an excellent example to her little cubs. She recalled, for instance, the simple fact that she had singlehandedly raised and supported both her cubs since they were born. When her mate left the den and never returned, she had had to learn how to survive on her own with her two babies--and she did! In fact, she didn't just survive--she grew very strong and self-sufficient, and discovered

that she could do just about anything she put her mind to. And in addition, she realized that she's always been willing to try new things and to learn; and she further observed that she had, in fact, imparted this open attitude onto her cubs, for which she felt proud and pleased.

Now, in this forested jungle where the Mama Lion lives with her cubs, there dwelled a very wise, old owl. And animals of every imaginable species came from far and wide to seek the wise owl's advice on important matters. So, one early evening the Mama Lion decided to make a trip to see this owl. "After all," she figured, "I seem to be generally O.K.--even good, yet I feel stuck in this pack rat style of living, and I need some help in changing it."

So off the Mama Lion journeyed, braving into unknown territory, as she had never ventured to see the owl before. She felt both nervous and excited with anticipation. She traveled for some time and then she found the owl at last! Sitting in a shaded grove of tall, green trees sat the owl, who upon seeing the Mama Lion called out a friendly "Hello and welcome, Mama Lion! And why do you come to see me?" The Mama Lion told the owl her story--how she felt stuck in a bad pattern of holding on to things, how she wanted to set a good example for her cubs, how she suddenly felt stuck in this and feared change and the unknown.

The owl listened quietly, and when the Mama Lion had finished explaining her story, the owl nodded, acknowledging his understanding of the situation. He sat silently for a few moments and then he said,

Deborah, "As soon as you let go of what you don't want in your life, you begin to make room for what you do want. Furthermore, the universe abhors a vacuum and will rush to support you and fill in any gaps."

The Mama Lion listened to the owl's words and she imagined what her life would be like without some of those things she held onto;-- then she smiled to herself . . . she knew she'd feel better about herself and a lot healthier . . . and proud, oh, how proud she felt as she pictured what life could feel like. She looked up and the owl beamed a smile of encouragement at her. She suddenly felt energized and determined. She bid the owl goodbye and began her journey home.

When she arrived home, she called her two young charges to her. She told them of her visit to the owl, and they listened with interest. Then they all set off to clean out their den. They got rid of old things and habits they no longer found useful, and they rearranged their furniture, and cleaned out the stove and chimney--scraping off the soot and debris. They cleaned and polished everything till it all shone and reflected back at them their healthy new images. The Mama Lion was at last proud, and pleased--she accomplished what she knew needed to be done!

Now, I'm not sure what you'll have made of these stories; what you'll remember now, or wait to enjoy and think about later; or what you won't be able to put off thinking about now, and will succeed in holding in your memory for later. I do know that, as always your unconscious mind has been listening attentively, taking note of any information that is particularly relevant for you and storing it away so that you may make use of it when you're ready. You may, as you are listening to my words, begin to notice the hum of the fluorescent lights, and the sounds of quiet voices in the hall. You may be becoming more aware of the feel of the chair under your bottom, and the feel of your tongue in your mouth. And you may experience a desire

to yawn and stretch. And as you begin to feel ready, you may begin to bring yourself more fully into the room, more present, more fully refreshed and aware of your surroundings; so, as you are ready, open your eyes, and come back . . .

Discussion - Deborah's Mama Lion Metaphor

In designing a treatment plan for Deborah's therapeutic metaphors, the researcher considered Deborah in light of the following six categories, which has previously been mentioned as major areas in which to measure change, as proposed by the Lanktons:

- (1) Bonding and age-appropriate intimacy
- (2) Self-image enhancement
- (3) Attitude restructuring
- (4) Social role change
- (5) Family structure change
- (6) Enjoyment of life

(Lankton & Lankton, 1983).

In creating the Mama Lion metaphor for Deborah, the researcher integrated the information gleaned from the initial assessment and the information revealed thus far in session, and selected the following metaphor themes:

- (1) bonding and age-appropriate intimacy - needs to move toward a decision whether she would like a heterosexual relationship at this time.
- (2) self-image enhancement - must evolve to taking pride in herself as a good role model for her daughters.
- (3) attitude restructuring - since she fears the "unknown" or "emptiness" that will be created by giving up smoking, the change in attitude here would be one of trusting that something will replace this time spent smoking, and free her time in some way to be available for filling with desirable activities.
- (4) social role change - needs to establish more connection with other adults and establish relationships that will support and challenge her.
- (5) family structure change - as her daughters have more activities of their own, mother has more time to herself; needs to create outside the home relationships.

- (6) enjoyment of life - since dissatisfied with her current lack of social life, needs to develop new friendships and interests that excite and challenge her.

The above mentioned desired outcomes (metaphor themes), directly relate to central aspects of Deborah's situation. Since the focus of this therapy was to help Deborah cease smoking, the researcher chose to focus the therapeutic metaphor, in this case, on items two and three as described above. A Mama Lion was chosen to be the protagonist to help establish rapport and identification with the central metaphoric character. Deborah has two young daughters, as did the Mama Lion have two young cubs. Exploring the themes of a mama lion trying to set good examples for her cubs, feeling somewhat stuck in this process and seeking help from an owl provided Deborah with occasion to look at some of her own learnings and successes within a new, non-threatening framework. Since Deborah feared the empty space that she imagined would be permanently created by giving up smoking, the wise owl relayed a basic principle of physics to her in a non-confrontative manner that enabled her to see that she had to give up things in order to make room in her life for what she truly wanted. Using the "pack rat" theme of collecting much that was unnecessary, Deborah was offered another opportunity to examine her smoking habit as unnecessary and as something that took up time and space that could be free for more desirable activity, if only she'd "clean up her house." Here, the theme of "spring cleaning" was utilized as a metaphor for ridding her body of the unnecessary smoke. The general notion of the overall story was to provide a non-threatening opportunity for Deborah to look

at her smoking habit and deduce that she had it in her all along to quit and to demonstrate a good role model for her children in the process.

Table 1

Comparison and Contrast of the Three Clients' Initial Data

ABBY	LOUISE	DEBORAH
<p><u>IDENTIFYING DATA:</u></p> <p>27 years old Married/5 year old daughter employed part-time</p>	<p>31 years old Divorced/no children live in boyfriend student/employed part-time</p>	<p>32 years old Separated 6 and 9 year old daughters no boyfriend employed full-time</p>
<p><u>PRESENTING PROBLEMS & SYMPTOMS:</u></p> <p>smokes 1 pack/day wants to quit & be healthy smokes when visiting with friends</p>	<p>smokes 1 pack/day wants to quit & be healthy smokes to repress feelings</p>	<p>smokes 1 pack/day wants to quit & be healthy smokes to fill in lonely times</p>
<p><u>FAMILY SMOKING HISTORY:</u></p> <p>Mother and sister smoke</p>	<p>No family members smoke</p>	<p>Mother smokes off and on</p>
<p><u>PSYCHOLOGICAL HISTORY:</u></p> <p>Single hypnosis session to quit smoking--described it as un- pleasant, unsettling, and unsuccessful, and did not re- turn. Saw therapist for personal reasons in addition,</p>	<p>Joined a quit smoking group once with good results. Saw various therapists for personal reasons at other times.</p>	<p>No history of therapy for smoking. Saw therapist for personal reasons at another time.</p>

ABBY	LOUISE	DEBORAH
<p>PSYCHOLOGICAL HISTORY: (Continued)</p> <p>at another time.</p>		
<p>MOTIVATIONS TO QUIT:</p> <p>To run in a marathon.</p> <p>To set a better role for her daughter.</p> <p>To feel more in control of her behavior, and success at quitting would give her this sense.</p>	<p>To enhance her health, leaving her less short of breath when she runs.</p> <p>To feel better about herself, and taking control over this habit and aspect of her life would help improve her self-image.</p> <p>To obviate the current need for her to go outside her parents' house when she visits there and smoke.</p>	<p>To set a better role model for her children.</p> <p>To increase her breath for swimming and her nautilus exercise program.</p> <p>To experience sense of pride and control over this habit.</p>
<p>ATTITUDE TOWARD QUITTING:</p> <p>Determined, but nervous.</p>	<p>Determined, but nervous.</p>	<p>Ambivalent--describes smoking as one of her only pleasurable activities, and wonders why eliminate it under these circumstances.</p>

Section II - Multiple Embedded Metaphors and Follow-up Interviews

Abby - Introduction

An assessment was formulated according to the six diagnostic parameters previously discussed (Section I of this chapter), and was largely based on the initial intake interview over the phone and the problem focussed initial interview.

During the phone intake, it was revealed that Abby sings, gardens, plays a musical instrument and has a young daughter. Abby also described her smoking as an "addiction that has greatly embarrassed me at times." During our first session, it was further revealed that she believed smoking had hindered her singing voice as well as her breathing capacity which she believed would significantly improve if she quit smoking. She described a desire to train for and run in the Boston Marathon someday. All of these things were made note of by the researcher, incorporated into Abby's multiple embedded metaphor that follows and utilized to help establish rapport with the researcher, and identification with the metaphor's central character.

The diagnostic parameters are summarized here as follows:

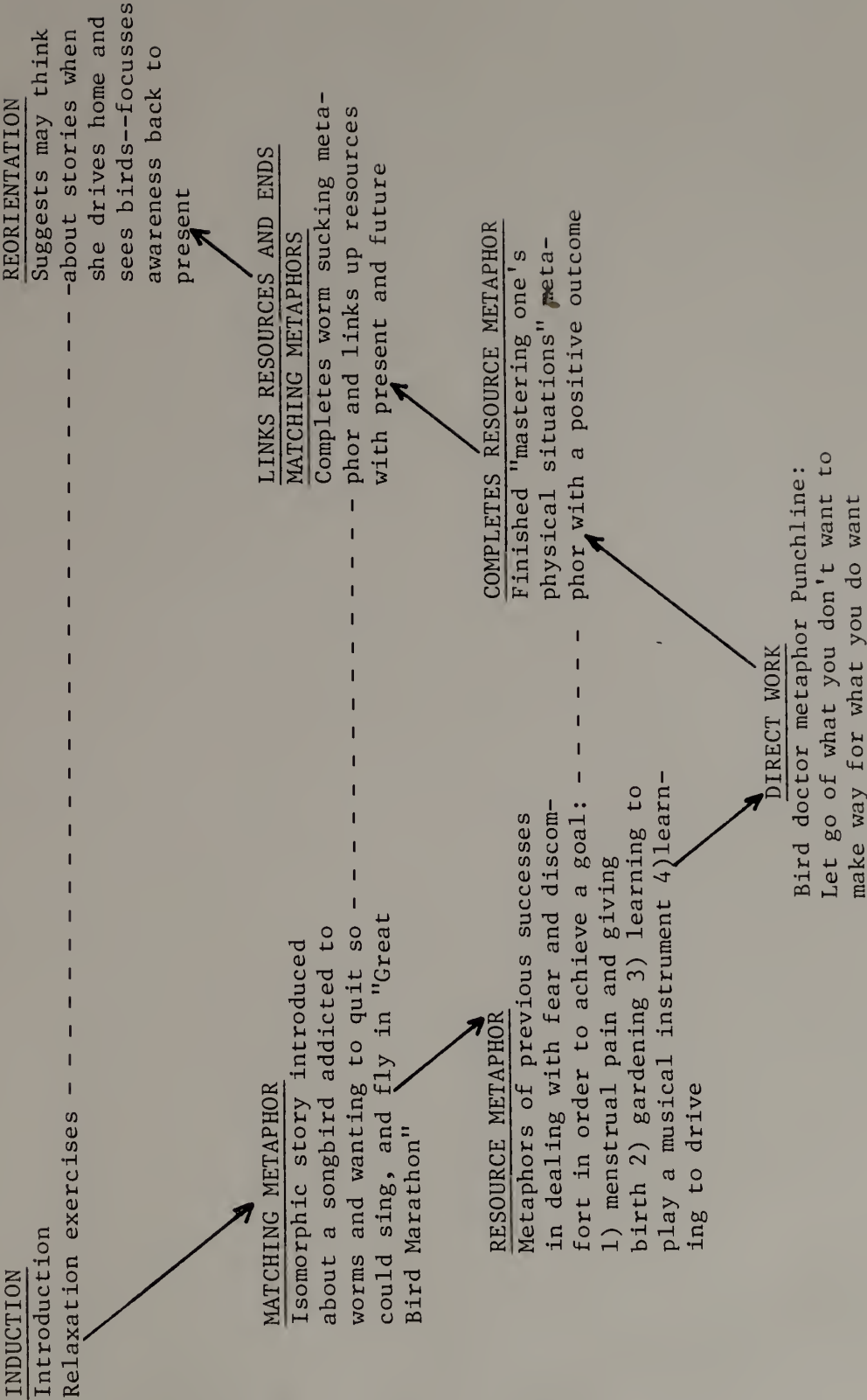
- (1) Social network: lives with husband and daughter, sociable.
- (2) Stage of family development: Early child rearing stage.
- (3) Developmental Age: Congruent with actual age - 27.
- (4) Resources: Directly available, good communication.
- (5) Flexibility and sensitivity: Perception--self-reflective, and accurately self-perceptive. Cognitive associations--continuing concern with fear of letting things go, fear of unknown.
- (6) Symptom function: Superficially--uses cigarette as a "reward" for herself when she completes tasks. More

significantly--holds her back from experiencing more personal power--in her singing, running, tennis, role modeling as a mother.

Therapeutic goals included in the creation of the particular multiple embedded metaphor that follows are:

- (1) Attitude restructuring: letting go of old things in order to make room for new and more desireable things.
- (2) Self-image enhancement: to recognize her talents and accomplishments and feel pride in herself.
- (3) Learning enjoyment: find pleasure in challenging herself to surmount difficulties, discomforts, and fears.

Figure 3. Abby's M.E.M. structure.



Abby's Multiple Embedded Metaphor

Therapist: One of the things I want to do with you today is to tell you a story. So, one thing I'd like you to do is just relax and get comfortable and I'd like to say a few general words to you. You'll more than likely wonder about what I'm talking about and why I'm telling you these stories and that's fine. Your conscious mind can have all kinds of doubts and reservations and delights and everything with what I'm talking about and your unconscious mind may go ahead and make all kinds of connections or it may just continue to say, "Hmmm, that's interesting, o.k."

Abby: "O.K."

Therapist: Generally what I suggest to people is that they close their eyes just because that allows you to go inside and focus more on my words as opposed to the visuals in the room. So, if you feel ready, what I'll ask you to do is to get comfortable, relax, you can wonder about how weird this is (Abby laughs) why is she doing this . . . and just sort of go with it, if it feels o.k. And I want to remind you that anytime you have doubts about something, or something feels weird for you, just tell me . . . open your eyes, you can do that anytime you want and just say, "Stop, I've had enough, this is bizarre. Don't do it." I don't anticipate that, but I just want you to know you're in control. O.K.?

Abby: "O.K." (smiles and closes her eyes).

Therapist: So I'm going to talk to you today about a number of different things, some of which I think you'll get a kick out of, some of which I suspect you'll wonder why I'm talking to you about them at all. Some of which you'll think, "Hmmm, that's interesting, and I've heard that before." And your conscious mind may be very focussed on the subjects, and people and places that I'm talking to you about. Your unconscious mind will no doubt continue to make any connections that it can make, as people's unconscious minds do that and take care of them very well. It doesn't really matter the level of relaxation that you achieve with this. I think if you want to just relax and listen and catch whatever words you catch, that's fine. Very often when I talk to people like this, they say later on that they're afraid that they missed something, that they stopped listening at some point; or they got so worried that they were going to miss something that they know they missed something! And I want to assure you from the beginning . . . that there's no

right or wrong way to listen to this; however you get it, you get it. And basically I invite you to enjoy listening to some stories . . . and that's all this is about. So you can just relax and you can wonder what's going to happen and you can focus in on my words and see what you want to do with them . . . And I want to remind you that there is no right or wrong way to listen--it's entirely up to you.

One of the things that I was thinking about last week was birds. I was thinking all kinds of things about birds. I was reminded of a story that I had read; actually this came out of a children's story that I read quite a while ago . . . and it was about a bird that wanted to sing . . . it was a young bird, and it found that it could sing up to a certain point and after that point, it sort of lost control of what it was doing voice-wise, and instead of sounding chirpy like all the other birds it wasn't sure of what it sounded like, but it wasn't the way the bird wanted to sound. It could hit all those chirps that it was trying to hit for quite a while, but then it would notice that after about an hour or so it would just stop . . . it wouldn't be able to sing the way it wanted to. Sometimes it sang with other birds and the other birds would be able to go on chirping, it seemed, endlessly, and this bird was pretty annoyed, because, again, it would get to that point after an hour or so, and it just stopped. MMI So in the story they were talking about this bird wanting to be able to sing with all the grace, clarity and strength that all the other birds were singing with; and the bird also had another passion that it didn't share with anybody except one of its close bird friends . . . and that was it wanted to fly, not only south in the regular migration, but it wanted to fly in the "Great Bird Marathon." The "Great Bird Marathon" . . . (Abby smiling broadly now) " . . . that's right, you can enjoy this and laugh at how silly it seems and everything. The Great Bird Marathon took place once a year at a location in the south. The bird was really determined, though it was little embarrassed to admit this to a number of people, that it was determined that same year it was going to fly in the Great Bird Marathon. There was a problem however--a problem that prevented the bird from doing some of the things that it really wanted to do. It had an obsession, and the obsession really limited what it could do and this bird's obsession was that it sucked worms. Now I know that seems funny to you, because whoever heard of the expression "suck worms" but this bird actually sucked worms. It always had a worm in its mouth and it, of course, couldn't sing very long because every fifteen minutes or so it'd have to have a

worm in its mouth that it was sucking on, and you can imagine--it's embarrassing to open your mouth to sing a note and a worm falls out that you forgot about . . . it's very embarrassing--(Abby's laughing now). So this bird had this problem or this obsession, with sucking worms--it was very silly (therapist laughing a little)--And, just as you and I are laughing at this bird, its friends all laughed and said, "Well, how can you possibly expect to fly the Great Bird Marathom? You're so busy sucking worms all the time--who would take you seriously? You know that's not good for you." The bird's friends would talk to the bird from time to time and try to reason with this bird--"You've got to cut down on the worms you are sucking--it just doesn't make sense!" Well the bird thought about it and thought about it. There were just so many problems associated with it. The biggest problem with flying that bird marathon was worm weight. Now, you may know what "worm weight" is, but to a bird, particularly to a bird that wants to fly the marathon, so much worm weight is a very serious problem. Now the problem is that you suck so many worms that you get weighted down and you can't possibly (Abby laughing) fly. Now you can imagine this is not only silly and embarrassing, but it limited this poor bird (Abby giggling) which really was so determined. And to a bird that wanted to fly the Great Bird Marathon, worm weight is a fate worse than clipped wings. So, this bird began to think seriously about how its friends would laugh and not take seriously its efforts to talk about this. "Well, I'm going to really do this someday, I am. I AM!" the bird insisted. And after a while the bird noticed that various bird-friends just were not taking the bird seriously. The bird also had a problem in that its lungs felt heavy with the weight of the worms as they went down and that was just uncomfortable for the bird physically. It felt weird. And one thing was that one of the bird's close friends once remarked, "Well, if it's physically uncomfortable, why would you do that?" And the bird said, "Well, because to stop doing it would also be physically uncomfortable. And at least I know what it's like when I'm doing it--I know what the discomfort's like when my lungs get heavy--but if I stop, I don't know what that's like and that's sort of scary."

Well, the problem, as you probably have guessed, is that this bird sucked so many worms that it got addicted. Addicted that is, in the sense that a bird can be addicted. The bird wanted to give up worms, especially so that it could sing, and so that it could fly to its heart's delight. But the bird was very uneasy about this so-called "worm-withdrawal" that can possibly be physically

uncomfortable. So our bird just didn't know what it was going to do . . . it grappled with this issue on and off for a long time thinking about what its options were; sometimes it seemed real determined and actually gave up worms for a little while, but it always went back . . . and sort of felt badly for it, but thought, "Someday, someday, I am going to fly that Great Bird Marathon; . . . and I will sing! I will sing as long and as high as all of them!

Well, we're going to leave the bird for a minute, 'cause that subject of physical discomfort . . . that the bird worried about is something that comes up a lot. And, really, what is physical discomfort anyway? Many people and animals have experienced physical discomfort. Females, of many species, particularly humans, know very clearly what physical discomfort's like because many females go through that each month during their menstrual cycle, and many others certainly go through it during birth--when they go through contractions--which can be physically uncomfortable, and it can even be physically painful. And you've got to learn to get the breathing right when you're going through contractions . . . and you do--people just do, they get the release of the tension from that breath . . . they get the mastery over one's body . . . and to realize that one's rising to that challenge.

Well, that's only one example of physical discomfort, but that's a good one . . . I was thinking over the weekend as I was beginning to plan my garden for the summer, that for me gardening is physically uncomfortable, and it's hard work . . . I don't much like kneeling a lot--it hurts my legs after a while. And I hate getting bitten by mosquitoes and other insects while I'm down in my garden. And rototilling the soil takes a lot of physical effort and I'm not comfortable doing that . . . it's not easy and it's not effort free . . . But it's so satisfying when I do all those things . . . it's just so exciting to grow things and cultivate the soil and to create beauty and health--which you can by growing vegetables and eating properly. And growing flowers creates real beauty, and even plants and tomatoes and all kinds of things that come out of the garden--just beautiful, beautiful things, and it's so satisfying. And none of that is physically comfortable for me. And when I'm going through it I think it's hard work. I particularly hate rototilling, 'cause we have to do that by hand--we don't have a machine for that;--It's a pain--literally!--it's a pain. But there's so much satisfaction mastering that. It's just real interesting to think about that.^{RM2} [One of the things I

know many musicians think about when they're learning to play an instrument (the violin is certainly a good example to this) is that learning an instrument is not effort-free by any means. And, particularly, the violin is a great example of a physical discomfort. When you're learning the violin, and you have to figure out how to position the darn thing, and your chin goes one way and the instrument goes another and you have to hold up your arm for a long time in a way you're not used to. And you have to learn the proper place to put your chin . . . and the proper way to hold the bow . . . And your arms start hurting . . . and you're wondering why are you doing this? And then you try to play your first note and it sounds awful . . . and you can't figure out what you're supposed to do. And your teacher shows you and you practice it time and time again; but your neck hurts, and your chin hurts and your arms hurt . . . and all of a sudden, one day, these incredibly beautiful sounds start coming out of this instrument, that previously, you weren't even sure how to hold. And suddenly, you realize that your arms are a little stronger from having practiced holding it right . . . and your chin doesn't really hurt anymore, and your neck is beginning to adjust to the new position. And on top of all that you're learning how to produce this really nice music, and it's exciting! And suddenly you realize that you're mastering another skill that you didn't have before, and maybe it was one you weren't even sure you could learn. On top of which --when you were first learning it--it hurt! It was physically uncomfortable. But what satisfaction you had from learning that you can master not only how to play, but that discomfort that you thought, at first, was going to overwhelm you. Sounds fine . . . all this mastering of physical discomfort that's so common, that we do every day in so many different things, and after a while we take for granted and don't even think about it.] When I was learning to drive a car I remember that I couldn't sit in the driver's seat comfortably for at least three months. I would fidget and I'd complain to my father, who at that time was teaching me how to drive, and I'd say, "I'll never do this! It's not worth the effort, it's not comfortable, I don't like it!" And, I remember my father commenting that I would get it, and I needed to stay with it and lots of people learned how to drive and lots of people thought it was physically uncomfortable at first. And sure enough, the time came and I mastered that and I wasn't uncomfortable any more and I felt real accomplished for just having gotten mastery over that skill . . . and the physical discomfort. Interesting how that goes.

Well, you may wonder about the bird I was telling you about

before, so I'm going to go back for a minute and tell you about that bird. The bird, which by the way, was a songbird as you might've guessed, went to a bird doctor. And this bird doctor happened to have a degree in physics. And, the songbird was very concerned about this worm addiction and went to the bird doctor of physics and said, "I've got this problem--I like to suck worms a lot. I've been doing it for a while--a real long while Doc, and the problem is I want to be doing some other things, but I'm not really doing them and a lot of the reason why I'm not doing them is because I'm busy sucking worms all the time. The doctor of physics thought for a minute, looked at the bird in front of him, saw a bird who was basically pretty happy . . . seemed to have a nice speaking voice, and the doctor suspected the bird had a nice chirping voice. Well, the bird doctor also was pretty happy, liked to also sing and chirp, and furthermore, at one time had had the same worm addiction because it's very common among birds to have this kind of worm addiction.^{ED3} [And the doctor, who was a doctor of physics, told our bird some things about physics. The doctor of physics explained that in physics there are all kinds of laws and rules about what's called "space." "And, well," the doctor of physics explained, "When I was in school, we learned all these different laws that govern space. And some of them really bored me, I have to admit. But some of them were fascinating. And you know, as I listen to you, Songbird, one of those laws keeps jumping out at me and I keep thinking about it in relation to you." The songbird, of course, was very interested in physics--it wondered what the connection could be. So, the songbird sat up, straight as he could, paid a whole lot of attention and said, "O.K., well . . . what have you been thinking about?" And the doctor bird of physics said, Abby, "Well, there's this law, a law of 'space,' that I find particularly relevant to you. And the law that I find particularly relevant to you goes like this . . . "As soon as you begin to let go of what you don't want in your life, you can begin to make space for what it is you do want. "Furthermore," . . the doctor bird went on, "nature abhors a vacuum, and the universe will rush to support you and fill in any gaps and/or any spaces that you create."]

"Hmmm . . . the songbird thought . . "Sounds weird to me, but all right, if you think it's applicable to me, I'll think about it." Well, the songbird went away and did some thinking about that and while the songbird's away, thinking about that, I'm going to talk to you about something else for a minute.

FRM4[This business of mastering one's physical situation . . . which we sort of talked about for a while . . . what does this really involve, anyway? Mothers know what that's about . . . Mothers know about mastering one's physical environment, that's for sure . . . and mothers know also that giving birth to a new life is worth it to them to go through that discomfort that's associated with childbirth. So much pleasure, so much, results in enduring some relatively brief discomfort! Mothers, they know about that. In fact, learning most skills do seem to involve some discomfort and some sacrifice . . . there's hardly anything I can think of where there isn't some kind of discomfort that you have to endure for a little while. It's interesting to think about that . . . like that gardener . . . that gardener's me in the summer; but many people are gardeners in the summer, and one of the things that I've learned is that mastering my physical environment is real satisfying. And the musician knows how to master her voice, and how to make it go high . . . and how to make it go low, . . . soft and loud, . . . and sometimes how to make it flat . . . and sharp . . . and how to do the same things with the musician's instrument--whether it's a violin or a guitar or piano. Mastering the environment, learning how to manipulate the voice, or the instrument, in a way that's satisfying. And at first these physical discomforts (like learning to sing very high notes) sometimes can strain and hurt. You can strain your voice and go through a week or so when it just feels as though you are hurting yourself, as opposed to making nice music. And suddenly you realize that you've mastered how to breathe properly and you're not hurting your voice any more and you're not straining, and you've mastered this now and a really wonderful skill that brings all kinds of joy!]

Well, our bird has returned and realized that, literally, it had and has the resources within itself that it needed all along to both give up its worm addiction, and to just move on in its life in a way that it wanted to. Now, you may wonder what evidence did this bird have that it has the resources within itself to give up the worms. Well, the bird thought the same thing and wondered, "How do I know that I've got what it takes to give up this worm addiction?" And suddenly the bird started thinking about all the things that it had done in its life . . . All those things where it was physically uncomfortable for a while . . . and then, the bird didn't notice any physical discomfort at all . . . and it realized that it had done something new . . . it had given birth, it had planted a garden, or it had flown farther than it once had . . . and

suddenly this bird felt like, "Well, wait a minute!--I've done all kinds of things in my life . . . I've built nests, and whoever thought I could build my own nest before? And I've moved around--relocated to different trees and I've even lived in different states; why, I've done all kinds of gutsy things. I've teamed up with another bird and flown around, and then when I decided that I needed to grow some more I flew off to another bird. We teamed up and flew around a built a nest together, and gee, I've learned all kinds of things!^{FMM5} [And suddenly the bird was just filled with confidence, so pleased to realize it'd done a whole lot in its life . . . Things it had sort of taken for granted before. Suddenly the bird knew--perhaps knew for the first time, that it was going to stop sucking worms . . . that it just didn't need to suck those worms any more. And in fact, that eating seeds and other kinds of bird feed would be adequate and furthermore, that would allow the bird to do those great things in its life that it really wanted to do . . . like fly that bird marathon, and sing those notes that it wanted to sing and do all kinds of things. And, the bird decided this was it!--the bird was going to stop sucking worms!] So the bird made quite a number of attempts to stop sucking worms, and sometimes the bird really did it! I mean the bird wouldn't have a worm for weeks on end. But somehow the bird always seemed to go back . . . It'd say, "Well, I'll just have this one worm, it won't matter, just this one." And the bird would have one worm in its mouth and it would remember what the worm felt like when it sucked on it and it would think, "Oh God, I'm going to have another!" And so the bird always seemed to go back to its habit of sucking worms! But one day, when this bird realized all these wonderful things she'd done in her life, one day her determination to stop sucking worms felt different. It felt different from ever before. And furthermore, the bird remembered, in a funny way, that the bird doctor had talked about 'space' and creating space in your life for what you want . . . oh, I don't know . . . the bird sort of forgot what the doctor said, but on some level, I guess the bird remembered because, really, the bird felt compelled to stop--to just stop sucking those worms . . . and when that happened, the bird knew that this was it . . . and it stopped sucking worms. And that was a long time ago . . . and to this day, the bird has not gone back and "smoked" worms.

Now, you may wonder about all these stories that I've told you. About birds, and gardens, and mothers, musicians, and cigarettes and all kinds of things. And you can wonder about birds that you see when you drive home and you can

wonder about the garden you're going to plan this summer. And I'm not sure what you'll remember about the stories I've told you 'cause it's common for people to forget quite a bit. Some people remember some of the things and forget other spots. And during the week you may have part of the story come to you and you may laugh and think, "how silly," . . . and you may not think about it at all . . . and all of that is fine. But now that I've told you the story of birds and worms, and worm addiction, I'm going to invite you to come back into the room, fully aware . . . there are no birds in this room . . . there is somebody here though who's been telling stories again . . . and she's wondering what you feel, what you're thinking . . . how you're going to come back . . .

Post M.E.M. Interview with Abby

Abby: . . . "That was interesting . . . it surprised me . . . I mean there were times when it really evoked strong emotions. And yet, you were right, on a conscious level, it wasn't that emotion stimulating. It was neat."

Therapist: O.K., what I'd like to do now, is to play back a few spots on the video tape for you, and then I'll ask you to answer some questions. So, if you're ready, let's begin.

Abby: O.K., I'm all set.

(Played video section marked in transcript by brackets with a ¹ preceding the section
MM1[_____]).

Therapist: Can you tell me what you were thinking about the bird right there?

Abby: Yeah, I was laughing at how you were equating me and my desire to run in a marathon to this bird. And I was amazed that you caught what I mentioned over the phone before I even met you, about how I used to always have a cigarette in my mouth, and that time I forgot, and began to answer this guy and the cigarette fell out and I almost died of embarrassment. It's interesting how you got so much in there--

Therapist: What do you mean by that? What did the bird bring to mind for you?

Abby: Well, here's this bird who wants to sing, like me. And the bird wants to be in a marathon--like me! And this bird's got an embarrassing problem--like me--an addiction, that messes up what he'd like to be doing--again, like me! And his sucking worms seemed to mess up his breathing for singing and flying, the way my cigarettes mess up my breathing for singing long and high notes, and for running without dying of lack of oxygen.

Therapist: Anything else?

Abby: Um, no . . . (trails off into silence).

Therapist: Are you sure?--You seem to be thinking about something now.

Abby: Well, yes; I was remembering a part where you said how the bird was determined, but its friends discounted this. I guess I feel that way too--about my smoking, I mean--determined, but not taken seriously by friends.

Therapist: I see, I'd like to play another part back for you now, o.k.?

Abby: Sure, do I really sound like that?

Therapist: Yes, to my ears the tape replicates your voice perfectly, but I've heard it said that we never hear our own voices the same as a taped recording . . . O.K., so let's watch this.

(Played video section marked in transcript by brackets with a ² preceding this section
RM2[_____]).

Therapist: Do you recall how you were feeling listening to this?

Abby: Well, sort of . . . I remember feeling like I'd mastered all those things: giving birth, gardening, learning violin, and to drive; and um, I feel good to realize I'd done all that.

Therapist: Other thoughts or feelings about this?

Abby: Never thought of smoking--quitting, I mean, in terms of a skill . . . But, I guess it is, sort of?

Therapist: Uh, huh.

Abby: I liked that the main thing in the story was a songbird!
That was neat.

Therapist: Any other feelings about this?

Abby: No, not really.

Therapist: O.K., then here's the next part.

(Played video section marked in transcript by brackets
with a ³ preceding this section
ED3[_____]).

Therapist: Do you recall your attitude at this point you just watched?
How you perceived this?

Abby: Yes, I remember listening very closely to the Doctor.
What he told the bird . . . letting go of what you don't
want to make room for other stuff. It made sense to me in
terms of quitting cigarettes so I could sing and run, for
instance. Is that what you mean?

Therapist: Yes, anything you can recall here will be useful to me.
(long pause) What did you think was the purpose of this
story?

Abby: I don't think I really thought about what was the purpose.
I just sort of compared the bird to me without thinking
about why you were telling me these things.

Therapist: Anything else here?

Abby: Nuh uh.

Therapist: O.K. Then, let's look at the next part.

(Played video section marked in transcript by brackets
with a ⁴ preceding this section
FRM4[_____]).

Therapist: What were you thinking here--can you recall?

Abby: I don't really know--I think I was flashing back at that
point--on a bunch of different things--

Therapist: Can you remember any of them?

Abby: Um, one thing was when I was real little, maybe 4 or 5, and helping my father in the garden out back of our house. I remembered I had on blue and white shorts, and I liked the feel of the shovel against the dirt (long pause).

Therapist: What else?

Abby: Oh, I don't know--there was a scene I flashed on too--around when I was 7 or 8 learning to hold my head under water; I hated that!

Therapist: Why?

Abby: It was scary--I couldn't see or breathe. Yucky!

Therapist: Anything else?

Abby: No, I don't think so.

Therapist: O.K., then here's the final segment I'd like to look at.

(played video section marked in transcript by brackets with a ⁵ preceding this section
FMM5[_____]).

Therapist: What do you recall from here?

Abby: I was glad the bird knew it was going to stop sucking worms . . . (long pause).

Therapist: Anything else?

Abby: Nuh, uh.

Therapist: Did the story seem relevant to you?

Abby: Oh sure! Like I said before--this bird and I have a lot in common--there were a lot of parallels!

Therapist: Can you describe some of them?

Abby: The parallels? Sure--the singing, running (flying for the bird), addiction--the bird to worms (lots of giggling) Me to cigarettes.

Therapist: Why are you laughing?

Abby: Sucking worms?! Where did you get that from?! So gross --just like oh, yeah! Just like sucking in a puff of tobacco! Oh, geez!

Therapist: What did you think was the purpose of this story?

Abby: To get the bird to stop sucking worms, and therefore to suggest that I could stop smoking cigarettes.

Therapist: Did you think I was talking about you?

Abby: At times. Other times I wasn't focussed on me, but on this poor little bird! But, yeah, I guess I figured now --watching this--how geared this story must've been to me! I liked it!

Therapist: What was the most interesting thing for you that happened in the story?

Abby: That the bird in the end, knew she would quit sucking worms.

Therapist: And the least interesting part?

Abby: The parts about learning to play an instrument--that was sort of boring, no offense!

Therapist: No offense taken . . . Do you know why that part bored you?

Abby: Yeah--I hated learning violin--Blech!

Therapist: O.K. So is there anything you'd like to add before we stop here?

Abby: This was fun, a little long--I'm tired; but I liked being told the stories a lot! Very relaxing somehow. I feel good!

Summary of Abby's Post M.E.M. Interview

This was Abby's first experience with therapeutic metaphor. She indicated that she enjoyed it and found it interesting.

The purpose of the research was to determine how Abby interpreted the stories she was told--what she actually was thinking and feeling, and how she internalized the metaphors.

Abby was shown on video-replay selected brief sections from each stage in the multiple embedded metaphor. These particular sections were chosen because the researcher either noticed some change in the client's affect or, as in the case of replaying the direct work part of the metaphor, the researcher wanted to know what the client made of a specific section.

Abby indicated a strong identification with the protagonist who is introduced in the matching metaphor stage. She made a very conscious connection between the bird and herself, and clearly indicated her awareness of this parallel in the interview.

Abby recalled that during the resource metaphor, she experienced good feelings of accomplishment. During the actual telling of this part of the metaphor, Abby smiled faintly at two separate items. One time was immediately following the discussion on the physical discomfort of learning to play the violin " . . . and you're wondering why are you doing this?" and the second time was following the line " . . . and suddenly you realize that you're mastering another skill that you didn't have before, and maybe it was one you weren't even

sure you could learn."

Abby once again consciously made the connection, this time of equating quitting smoking with the discomfort of acquiring a skill. In the post MEM interview she remarked, "Never thought of smoking,-- quitting, I mean, in terms of a skill . . . But, I guess it is sort of?" She seemed to be interpreting the story as directly parallel to her situation.

When Abby was queried as to her perceptions during the direct work stage, she responded with, "It made sense" (the doctor's advice to the bird) "to me in terms of quitting cigarettes so I could sing and run, for instance."

When asked what she thought was the purpose of the story, she responded by saying, "I don't think I really thought about what was the purpose. I just sort of compared the bird to me without thinking about why you were telling me these things." At this point then, Abby was consciously interpreting the metaphors as parallel to her own situation, but the act of making this connection seemed to be unconsciously motivated. Her attitude certainly seemed to be an open one--that is, she was curious, open and agreeable to seeing what she could from making comparisons between the bird and herself.

When asked about her recollections from listening to the "finishing the resource metaphor section," Abby explained she had two separate "flashbacks" occur in her mind's eye as she listened to this segment. One was a pleasant memory of gardening with her father when she was four or five years old, while the other was a more unpleasant memory

of being around seven or eight and learning to hold her head under water.

On being asked about the "finishing the matching metaphor section," Abby promptly replied that she was glad the bird knew it was going to stop sucking worms. She went on to elaborate once again the parallels between the bird and herself in answer to the question regarding the stories' relevance to her. During the interview she asked where the idea of "sucking worms" came from, and then stated it was similar to "sucking in a puff of tobacco."

Abby made the conscious connection that getting the bird to stop sucking worms was a means to suggest that she could cease smoking cigarettes. She indicated that at times she consciously knew that the bird was really intended to represent her, yet at other times she said rather than be focussed on herself, she was focussed on the "poor, little bird." In retrospect, she commented, that she could see how the metaphors were geared for her, but while listening she seemed to be more involved with the stories' events than intentions of the researcher in telling these stories.

Her final comments during the post MEM interview were the process of listening to the stories was relaxing for her, enjoyable and felt good.

Louise - Introduction

An assessment was formulated according to the six diagnostic parameters previously discussed in section one of this chapter. As this

was Louise's last session, the assessment was based on an accumulated amount of information that arose during the course of our previous eight sessions.

Over the course of treatment, it was revealed that Louise had moved around several times before moving to this area. Each time she had hoped the area where she relocated would become her home, more or less permanently. And each time, she had felt disappointed that this was not the case and she moved on, feeling that she had somehow failed to establish solid ties in both career and relationships. During the course of treatment Louise noted she felt a marked increase in her self-confidence and comfort around others and she kept waiting for the "bottom to fall out." She attributed it initially to comfort only with the familiar, but after traveling on several different occasions (home to see her parents, to another city to see a friend) and experiencing this comfort in unfamiliar settings, she began to wonder if this was a permanent and real change. All of these things and more (Louise's red hair) were made note of by the researcher, and incorporated into Louise's multiple embedded metaphor that follows, and were utilized to help establish rapport between the client and researcher, as well as with the metaphor's central two characters--the fox and the squirrel.

The diagnostic parameters are summarized here as follows:

- (1) Social network: shares her apartment with her man/friend 3-4 days a week, lives alone the remaining time. Has friends in area through graduate school.
- (2) Stage of development: courtship.
- (3) Developmental age: congruent with actual age 31.
- (4) Resources: indirectly retrievable; good communication.
- (5) Flexibility and sensitivity: Perception--self-reflective and accurately self-perceptive. Cognitive associations--

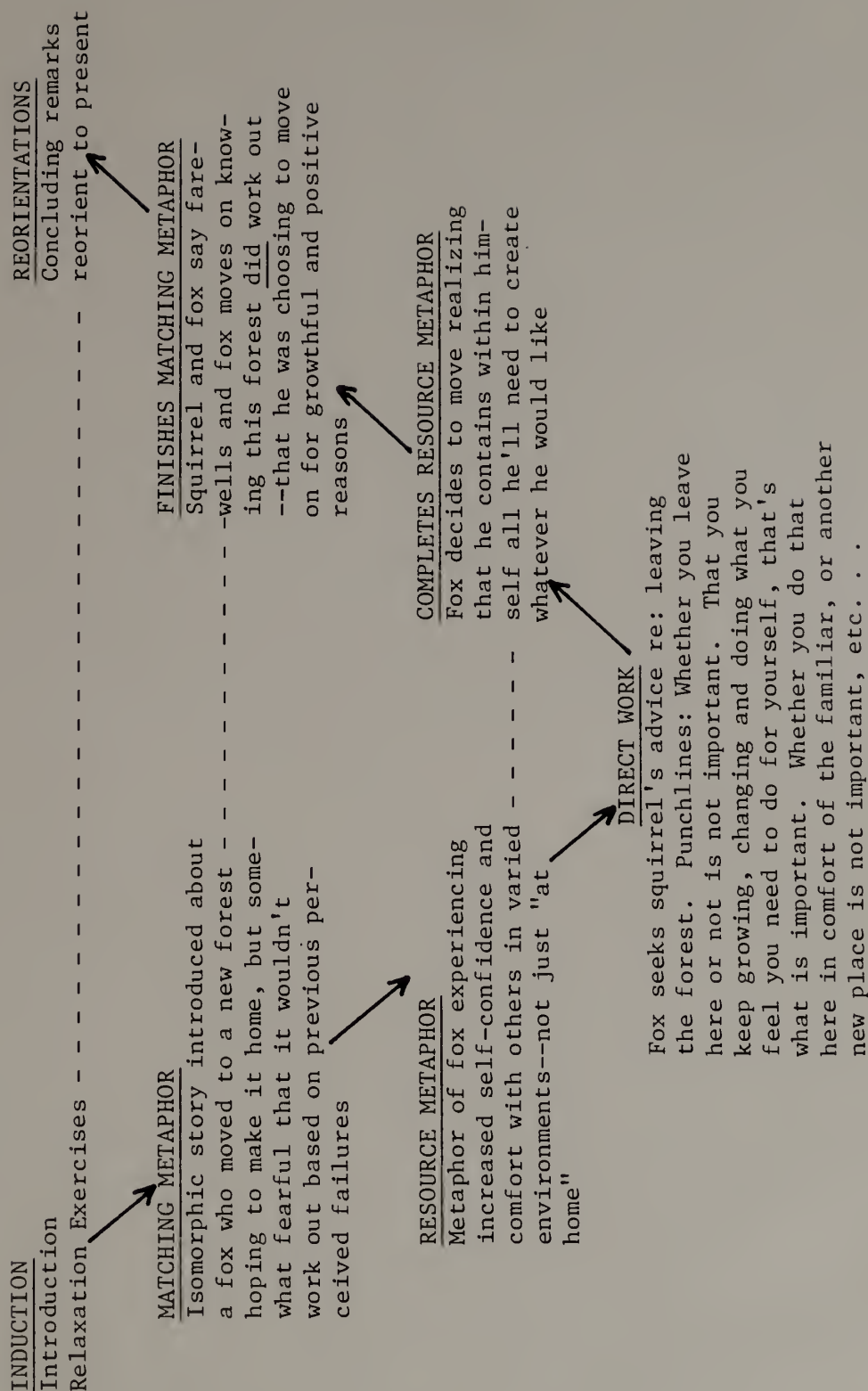
playing victim to "negative reinforcers"--food--cigarettes, etc.

- (6) Symptom function: Superficially--uses cigarettes as an extension of the image of a writer. More significantly,--uses cigarettes to choke down feelings she'd rather not experience--fear, self-contempt, hurt, and so on.

Therapeutic goals included in the creation of the particular multiple embedded metaphor that follows are:

- (1) Attitude restructuring: cognitively restructuring her limiting negative expectations to be positive and optimistic expectations of fulfillment and happiness.
- (2) Self-image enhancement: to help her take pride in her body and appearance and to help her acknowledge and feel pride in her talents.
- (3) Learning enjoyment: to help her find pleasure in challenging herself to surmount difficulties, discomforts and fears.

Figure 4. Louise's M.E.M. structure.



Louise's Multiple Embedded Metaphor

Okay, so pull up another chair and get comfortable. Make yourself nice and comfy. Feel free to go into your special space as you're ready. You've done this a million times before, so you know what to expect. If you want to pull up another chair, you can do that too, and you can just close your eyes as you feel comfortable. Just go to that inward space, that you have, the place where you feel good . . . the place where you begin to relax. I'll ask you when you feel ready, to take three, long, deep breaths, and hold them . . . that's right . . . hold them for just a second . . . and then gently let it out. Take another one . . . long and slow . . . and as you take in air, breathe in confidence. As you let it out, that's good, let any tension just ease away . . . As always . . . I'm going to talk to you about a number of different things and your conscious mind, as always, will be wondering what I'm saying, wondering why I'm saying this, wondering what it is you've been doing here over the past weeks, wondering if it's going to all work . . . And your unconscious mind, as always, will be making any necessary connections . . . will be understanding . . . will be taking care of everything . . . in terms of comfort. May I remind you, as always, there's no right or wrong way to listen, and if you tend to drift off into thoughts of your own, that will be fine. The most important thing is . . . that you trust that your unconscious will take care of you. I'm going to ask you again to take a long, deep breath, and hold it just a second; as you let it out nice and slow, let it flow out and just relax. That's right . . .

I had an interesting experience over this past weekend, and I want to tell you about that, and actually, a number of things. I was down in Connecticut this weekend visiting friends. We had gone to a movie and were coming home. As I pulled into the driveway of the house, I saw not one, not two, but eight foxes . . . sitting in the middle of this patch of grass in the driveway; and I was particularly shocked because they didn't move, and they weren't caught in the headlights, and they weren't mesmerized. They were just sort of hanging out in this driveway, and they were definitely foxes, and they were wild. As I got closer, as I figured would happen, they did eventually take off. The eleven-year-old in the front seat of the car with me, needless to say, was absolutely entranced, and wanted to go chasing after the foxes; so I had to explain that would terrify the animals, and the fact that they stayed that

long in the driveway was pretty neat. They must have felt some sort of security, in being there, or they would have taken off right away. That developed into a long conversation about everything any of us ever thought or knew about foxes. And that was an interesting thing! One of the things that came up was a story that Todd, who is eleven, had read a little while ago . . . MM1[it was about a fox who lived in a forest, that was not the forest where he grew up, but a forest that he had traveled to, after trying to live in a number of different places, some of them working out for a time, some of them not working out much at all. This fox finally journeyed into this particular forest, and he found it much to his liking. The fox was beautiful. It had a very red bushy tail, a very fine red coat, was good looking, and all the animals in the forest that met the fox were very taken by both his beauty, and his charm, and his intelligence. The fox quickly make friends in this forest, though he was cautious and expecting that this too would not work out, because other places had worked out only for short periods of time, then poof! Though he was cautious, it did work out, and he began to just relax, and accept that this place was becoming home for him.] Interestingly enough, according to the story, RM2[the fox made some trips while he was living in this forest, to places where he had been before, and to some new places, to visit various friends who had moved around, and in his visits and his travels, he discovered that he was more comfortable than he had ever been anywhere, in each of these places. And he was quite puzzled by that, because he thought it had just been his new home, in that forest. And suddenly, it looked like everywhere he went, he was more comfortable, and more at ease, he felt better about people than he had in a long time. He thought, "It's probably coincidence. It's probably nothing, really, at all. It'll go away, and everything will return to the way it was." The fox went on like that for several years, and not only didn't things return to the way they were, but they increasingly changed, and got more and more different, and for the fox, better and better all the time.] I mentioned this fox was a very intelligent fox, and really, he fit the role, and the cliché, "wise fox." And because having an abundance of common sense and knowing how to use it is part of being wise, the fox knew that sometimes it helps to talk things over with someone when you are unclear of how to proceed with something. And lately, the fox did have some things on his mind. He had gone to talk with a squirrel in the forest several times before when he felt like talking things over with someone, so, he once again sought out this squirrel. The fox would talk to the squirrel, just sitting around and chatting. The fox and

squirrel enjoyed each other, the conversation and how things were. One day, the fox dragged in the most enormous bag of things that the squirrel had ever seen. The squirrel was amused, and asked the fox what he was doing, because the bag was so big the fox could barely drag it, and it looked quite comical, because the bag was probably twenty times the size of the fox himself. The fox said, "Well, I'm taking everything I have with me, and I'm leaving. I'm leaving the forest, because, it's time for me to leave, I think. Actually, I'm not sure if it is or isn't time to leave, and I've come to you because you've been my friend over the years. You've given me some good advice, and I don't really want to leave, because that means I'll be leaving you here." The squirrel stopped laughing, because he realized that the fox was quite concerned about what to do, and the squirrel gave the fox his undivided attention and listened. The fox described that his life seemed better than it did a while ago, and that he was needing to do some different things. He felt the need to move on, and he wasn't sure if he needed to physically move, or just keep changing some of the things that he was working on. He wanted the squirrel to tell him what to do. ED3[The squirrel thought for a long time before he answered. He sat up on his haunches, and he stroked his chin, and he gazed steadily at the fox who had come to mean a great deal to him. Finally he said, "Do you know that whether you leave here or not is not important? That you keep growing, that you keep changing, and that you keep doing what you feel you need to do for yourself; that's what's important; and whether you do that here in this forest, in the comfort of what's familiar to you, or whether you move to another forest, or another place and do it there, that's not important, because you'll always have people, and friends and animals to be your friends, and give you companionship, comfort, support; and what's more, fox, you have all the things you need, right there inside you, and you always have, and you know that now. And that's the most important thing that I can tell you.] The fox still wasn't sure what to do, and most of all was a little bit wary of leaving the forest, because it meant that he would be out on his own, alone for a while, until he established new ties, new things to center and focus with. He told the squirrel that he was going to go home for a few more days, and think about what he needed to do, and before he left, if he chose to leave, he would come back and say goodbye to the squirrel. The squirrel nodded, and off the fox went. FRM4[And in a few days, sure enough the fox returned, and sure enough, he told the squirrel that he had made his decision; that he had gone home and thought about all he had done, and all he had learned in

the past few months, how much he thought he needed to grow and change in some ways, and what kind of support and help he needed to do this, and he realized in thinking about it, that the squirrel had said the best thing he could say: that the fox had everything that he did need within him, to build anything he chose to do. He told the squirrel that he had decided, indeed, that he was going to leave the forest, and move elsewhere, and that he would not leave the memory of his friends in the forest behind, but he would carry that memory with him, and it would give him comfort and strength, and he told the squirrel that he would hear his voice.] He said, "You know, squirrel, buddy, your voice has come to mean quite a lot for me. Sometimes when I'm lying alone in the forest and I'm scared and I don't know if I can go on, I hear your voice come to me, and I hear it telling me things. I hear it telling me to believe in myself, to relax and just trust that the universe will support me, and it's a great comfort to me. And so I want you to know, squirrel, that I will carry your voice inside my head everywhere I go." The squirrel was really glad to hear that, for he knew that he had come to mean something to the fox, and he told the fox, "I'm glad you're taking my voice with you. My voice will go everywhere with you. It will become the voice of friends, it will become the voice of the wind and the rain, and you can have that comforting voice with you whenever you need it, and you know that I will always be near you, and that you have the resources that you need within you, and if you ever doubt that, you have only to remember my voice, telling you to believe in yourself, in your own powers, in your own brilliant strength."

FMM5[With that, the squirrel reached down and held the fox and they embraced for a long time, and looked at each other, and bid each other farewell. The squirrel went back to the forest and the fox went to other places, other forests, making other friends, other connections which felt good and growthful. A little while later, according to the story, several years later, the fox and the squirrel ran into each other, and they remembered all that they had shared, and all the beauty that had passed between them, and they were both strengthened by that.]

Post M.E.M. Interview with Louise

Therapist: What I'd like to do now, is to replay a few spots on the

videotape for you, and then I'll ask you some questions. So, if you're ready, let's begin.

Louise: I'm ready--roll 'um!

(Played video section marked in transcript by brackets with a ¹ preceding the section MM1[_____]).

Therapist: Can you tell me what you were thinking about right there?

Louise: Um, I was thinking I must be represented by the fox in this story, who lived in a number of places before this present forest that he liked so much,--like I like the Valley here. But then I wasn't sure I was the fox, 'cause he was beautiful and charming. But then I decided I probably was the fox, and I'd wait to see how else this fox was described in order to be sure.

Therapist: Did the fox bring anything else to mind for you?

Louise: Not really; just that connection between the red fox and my red hair, and I remembered the woodpecker that was red-headed, so it all fit.

Therapist: O.K., then let's watch this part now . . .

(Played video section marked in transcript by brackets with a ² preceding this section RM2[_____]).

Therapist: Do you remember how you were feeling listening to this?

Louise: Just like the fox;--that it was probably coincidence that I've been feeling more and more relaxed in my interactions with people lately. And, also that it'll all change back--and then when you said that the things didn't return to crummy for the fox, but kept improving, I recognized myself again! Ha! Pretty clever; I see,--boy you've certainly got my number down. (long pause)

Therapist: Can you say more about that?

Louise: Oh, just that when I think about it, my sense of relaxation around everybody has improved, and it's been getting better and better. Even my visit with my parents was o.k.

It's wonderful to realize that it hasn't gone back to the way it was when I first came here.

Therapist: Anything else?

Louise: No . . .

Therapist: O.K. then. Here's the next part I'd like you to watch.

(Played video section marked in transcript by brackets with a ³ preceding the section
ED3[_____]).

Therapist: Do you recall your attitude during this section you just viewed? How you perceived this?

Louise: I got very sad--I identified with the fox wanting to stay in this forest, because he'd made friends, but also thinking that he'd grow more elsewhere. I felt like crying. (long pause).

Therapist: Do you want to elaborate or say anything else here?

Louise: Um, no.

Therapist: O.K. then on to the next part.

(Played video section marked in transcript by brackets with a ⁴ preceding this section
FRM4[_____]).

Therapist: Can you recall what you were thinking here?

Louise: I felt in agreement with the fox telling the squirrel that the best thing he said to him was that he had everything he needed inside him. I feel like that's really true for me. I've really enjoyed rediscovering this in my sessions with you.

Therapist: Is there anything else you can recall here?

Louise: No.

Therapist: O.K. here's the final segment then, that I'd like to show you.

(Played video section marked in transcript by brackets with a ⁵ preceding this section FMM5[_____]).

Therapist: What do you recall from here?

Louise: How much I dread goodbyes . . . listening to the fox move to somewhere new, I felt like the fox here. And I was sorry the fox was leaving . . . But then I felt like I was the fox moving on and feeling my strength. It's funny-- I was identifying all through with the fox at different times . . .

Therapist: Did the story seem relevant to you?

Louise: Yeah! Sure, that's why I thought I was the fox in it (a lot of laughter).

Therapist: What's so funny?

Louise: How self-centered, huh! I think I'm everybody! I don't know.

Therapist: What's the most interesting thing that happened in this story?

Louise: How the fox seemed to be me--me changing at different times. Moving here, feeling apart as I always do, from everything. Then gradually feeling more at home here, and more comfortable with myself lately--and feeling more confident and able to move on--like the fox did, and I may.

Therapist: How 'bout the least interesting thing?

Louise: Least interesting? Hmmm . . . I don't know--it all was pretty interesting . . . maybe just that I would've enjoyed hearing more adventures of the fox and squirrel.

Therapist: Both of them--or maybe one in particular?

Louise: No, both. I liked them both!

Therapist: What did you think was the purpose of this story?

Louise: To help me say goodbye to you. You know, to give me a pep talk of sorts and to send me out on my own now.

Therapist: Can you explain how you see this?

Louise: Sure--I was the fox--telling the squirrel goodbye. You were the squirrel telling me I had a lot of strength and ability to succeed on my own.

Therapist: Did the story seem relevant to you?

Louise: (rolls her eyes) Are you kidding? Of course. The story was just like me!

Therapist: O.K. is there anything you'd like to add or describe before we stop here?

Louise: No--I feel sort of sad and happy right now--glad I've accomplished my goal to quit smoking and sad 'cause, well, I'm not comfortable with goodbyes. But the story was neat. I always like them.

Summary of Louise's Post M.E.M. Interview

This multiple embedded metaphor was delivered during Louise's ninth, and final session. Therefore, since she had the experience of her eight previous sessions behind her, she was quite familiar with the process and generally knew what to expect.

The researcher was interested in how Louise did, or did not, make sense of the stories she was told--what she actually was thinking and feeling, and how she internalized the metaphors.

Louise was shown selected brief sections from each stage in the multiple embedded metaphor. These particular sections were chosen because some change in the client's affect was noticed during the telling of the metaphor, and/or the researcher wanted to know what the client made of a specific section.

Louise indicated a tenuous identification with the protagonist who is introduced in the matching metaphor stage. She initially

thought the fox represented her, as he lived in a number of places before he settled into his present forest, as did she before relocating here. However, she then wavered in this identification when the fox was described as beautiful and charming. Finally she decided she was the fox, but with a "wait and see" attitude, in order to be sure. She remarked on a MEM from an earlier session, in which she'd been represented by a red-headed woodpecker, so the red fox seemed to her, to be meant to be her.

Louise recalled that during the resource metaphor she recognized herself in the fox at several points--initially not trusting positive changes in her self-confidence and then having to realize that the changes seem more than ephemeral, as she had originally feared.

When the researcher queried Louise as to her perceptions during the direct work stage, she explained that she strongly identified with the fox, to the point of feeling like crying about wanting to stay here since it feels secure and comfortable, yet knowing she'll need to move to grow. When asked if she had more to say on this Louise declined further elaboration.

When asked what she thought was the purpose of the story, Louise responded with, "To help me say goodbye to you. You know, to give me a pep talk of sorts and to send my out on my own now." She further identified herself as the fox in the story, and the researcher as the squirrel. At this point then, Louise made a conscious connection between the story and her own situation. Her attitude seemed quite open in that she seemed curious and interested in seeing what comparisons

she could make between the fox and herself.

When asked about her recollections from listening to the "finishing the resource metaphor section," Louise described her own self-image enhancement as parallel to the fox's in that she identified with the squirrel's advice to the fox that he (the fox) already contained everything he needed within himself. Louise further elaborated that she enjoyed rediscovering this for herself in her sessions with the researcher.

On being asked about the "finished the matching metaphor section" Louise again described a strong identification with the fox and explained her own dread of goodbyes. Louise seemed very aware throughout the MEM that the fox was intended to represent her. She apparently enjoyed the story and found it relevant to her life.

Deborah - Introduction

An assessment was formulated according to the six diagnostic parameters previously discussed in Section One of this chapter. As this was Deborah's fourth session (midpoint of treatment) the assessment was based on an accumulated amount of information from our previous three sessions.

Over the course of our initial sessions, it was discovered that Deborah was planning to repaint the outside of her house this summer, following a thorough "spring cleaning" of the inside of the house. Further mentioned was the fact that she lived in this house alone, with her two daughters, and maintained it by herself. Also mentioned

was that Deborah's parents taught her to think creatively and that she valued this highly in herself. Deborah mentioned that her mother had smoked cigarettes, and for years struggled to quit, always on her own. Deborah described her mother as "one of those people who doesn't believe in therapists or helping professionals." All of these things were made note of by the researcher, incorporated into Deborah's multiple embedded metaphor that follows, and utilized to help establish rapport between the client and researcher, as well as with the metaphor's central character.

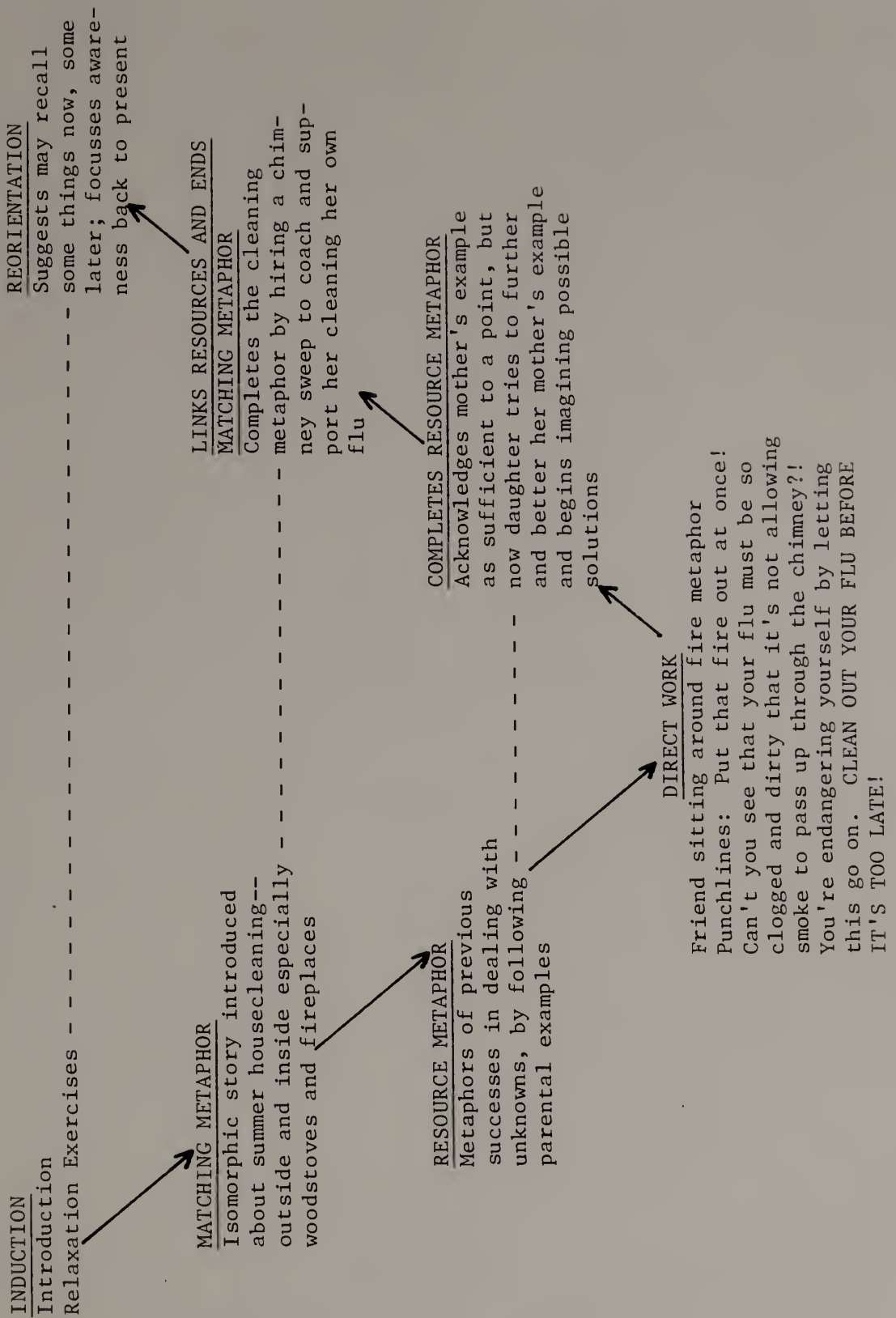
The diagnostic parameters are summarized here as follows:

- (1) Social network: lives alone with two young daughters, sees parents often and who live nearby, has a close woman friend.
- (2) Stage of family development: early child-rearing stage.
- (3) Developmental age: congruent with actual age-32.
- (4) Resources: indirectly retrievable.
- (5) Flexibility and sensitivity: Perception--minimally self-reflective/minimal self-perception. Cognitive association--somewhat limited and rigid within her world model of viewing her life as having a number of options.
- (6) Symptom function: Superficially--uses cigarettes as a pleasure she allows herself. More significantly--uses cigarettes to numb herself so as not to experience feelings--of loneliness, pain, desire.

Therapeutic goals included in the creation of the particular multiple embedded metaphor that follows are:

- (1) Attitude restructuring: redefining her view of her parents' teachings from the "gospel" to a good base on which she can build, adding her own values, beliefs, wisdom, etc.
- (2) Self-image enhancement: to help her recognize and acknowledge her talents and accomplishments and feel pride in herself.
- (3) Learning enjoyment: to help her find pleasure in challenging herself to surmount difficulties, discomforts and fears.

Figure 5. Deborah's M.E.M. structure.



Deborah's Multiple Embedded Metaphor

Today I'd like to spend some time speaking to you while you're in that relaxed, now familiar state, where you've gone many times before . . . And since you are now so familiar with this, and it is natural for you, you can feel free, as you are ready, to get comfortable, and just relax. As you really are quite expert now at going to that inner place you have, . . . where you let go of any tension, and feel the muscles loosen from your toes . . . to your ankles . . . to your calves, to your knees . . . thighs . . . into your hipbones, and belly and . . . chest muscles, all loosening . . . up into your shoulders . . . that's right . . . o.k., it can feel sooo good to let go of shoulder and neck tension . . . up into the nape of your neck and scalp . . . so relaxed. And as you breathe in a long, gentle, slow breath and hold it for just a second . . . that's good . . . you can exhale the air very slowly, and notice some of the remaining tension easing gently out of your body . . . that's right. And as you are ready, take in another long, deep, slow breath, and hold it for just a moment . . . good . . . before letting it easily and gently back out, taking with it any remaining concerns and tensions. That's right . . . And once more, take in a long, deep, slow breath, breathing in relaxation and hold it for a moment, good, before letting it gently ease back out, taking with it any remaining tensions. That's right.

I'm going to talk to you today about a number of different things, and as always, your conscious mind may be wondering about what I'm saying, why I am saying this or that, wondering of what possible relevance something has for you, while all the while your unconscious mind will be understanding . . . taking care of . . . and making all the necessary connections. I'd like to remind you, as always, that there is no right or wrong way to listen, and if you find yourself drifting through thoughts of your own, that will be fine. Most importantly is that you trust your unconscious to take care of you so that you may free your conscious mind to simply relax and enjoy . . .

Today, as you probably know, is the summer solstice, the first day of summer--and the longest day of the year. Summer is traditionally a time when we shed things--when we take off our warm clothing and strip down to only the bare essentials so we can feel cool and light. We usually eat less and lighter in summer and many of us shed our "winter"

weight." MM1[Summer is often a time when we renew projects that we'd left incomplete--we clean our houses --inside and out;--we scrape and strip the old paint off the house and then give it a new coat or two of paint. We clean our woodstoves and chimneys, opening the flu and scraping the carcinogenic soot out in order to clean and restore the flu to its full operating efficiency for the next winter season. Those of us who have neglected to clean out the flu have learned--the hard way--the price one pays for this neglect of attention to our chimneys. Our houses smell of dirty, sooty smoke as our chimneys are clogged and not up to efficient operating capacity. After one season of experiencing that smell throughout your house, in your hair, in all your family's clothes, you promise yourself that you will tend to cleaning out the chimney by the next heating season. Some of us do this, and some of us procrastinate taking care of this matter until we nearly kill ourselves and our families by starting small fires from the creosote, the carcinogenic substance, that coats our chimney walls every time we build a fire and smoke goes up the flu into the chimney.]

Today I want to tell you a story about a friend of mine whose sister owned her own house. RM2[For the first time in her life, she was on her own--living by herself, or more accurately, with her two young children, in this beautiful house that she inherited from her parents. For the most part, she found taking care of the house to be no problem at all. She simply would recall the details of how her parents had taken care of the lawn and garden . . . how they nurtured the seedlings, giving them plenty of water and loving attention to make sure they all grew strong and beautiful. How her father would trim the lawn and hedges when they became overgrown and unruly. She recalled how her mother had washed and waxed the kitchen floor and she would do what she remembered seeing them do, for they had set good examples for her, and she had learned well. The house generally did o.k., under her care--it usually looked quite nice and well kept. Even during times when money was tight for the woman, she managed to keep the house up, because she had learned from her parents, the importance of keeping things up through nurturance and attention to necessary upkeep. Occasionally when the woman got busy with her work outside the home, the house would get a little tired looking and ever-so-slightly run down, but she would never let that go on for very long before she'd put her energy back into the house, her home, and fix it back up with care and attention. Emulating her parents' behavior toward the house's upkeep worked well for the most part, and the house seemed in good condition, and the woman was

pleased, the way one feels pleasure at having learned skills for survival.]

ED3[One chilly early spring evening, the woman was home, visiting with some friends who had dropped by. As was her custom when sitting and talking with friends, she lit a fire to enjoy. But her friends, alarmed by the smoke that was billowing into the room, did not enjoy the fire that night and they cried out Deborah, "Put that fire out at once!" Can't you see that your flu must be so clogged and dirty that it's not allowing the smoke to pass up through the chimney?!--You're endangering yourself by letting this go on--CLEAN OUT YOUR FLU BEFORE IT'S TOO LATE!"]

FRM4[Now the woman was really quite shocked, for, as I said, she had been taking meticulous care to care for her inherited house in the exact same manner that she had watched her mother care for it. And up until now, her mother's model had served her well. But her mother never took seriously the hazards that clogged flus and chimneys pose. Her mother never would have dreamed of consulting a professional to get help in taking care of the matter. Yet, the woman, unlike her mother, did very seriously consider the dangers of the clogged flu and chimney, now that her attention had been fixed there. In fact, the women had even made some half hearted attempts to clean out her flu and chimney on her own, but she had always given up in these attempts, for it was a difficult and trying task to accomplish on one's own.

However, this woman also knew that if her parents had taught her anything, it was how to think for herself--and creatively. She closed her eyes for a moment and let herself relax into a very open space. She tried to visualize in her mind's eye a cleaned flu and chimney. When she had that picture of the cleaned flu and chimney clearly in her mind, she asked herself how it got so clean without having to pay a fortune to have it done (after all, she was on a tight budget). She sat there imagining her clean flu and chimney for some time, and then it came to her!
 . . .]

FMM5[And this time the woman knew in her heart of hearts that she would clean out her flu and chimney once and for all, and she'd do it thoroughly. She looked in the newspaper and located a chimney sweep business, and she called the number and arranged to meet the chimney sweep. The chimney sweep surveyed her situation and gave her an estimate which the woman found within her means. She hired the sweep, but in a rather creative and brilliant way.

Instead of paying the sweep to do the job for her, she hired the sweep to help support her in learning to take care of her house--specifically her chimney, by herself. She met with the sweep over a brief period of weeks and much to her credit and delight, she realized that she had the resources she needed to get the job done within her the whole time. She did get her flu opened and her chimney cleaned while meeting during those weeks with the sweep. But the best part of all was that when the sweep and she no longer saw each other, she knew she had uncovered the resources that were within her the entire time to get the job done; and, in the future, she knew she could care for her flu, chimney and house on her own by utilizing her own creative talents.]

Now, as always, I don't know what you'll make of these stories you've been listening to. I'm not sure what you'll recall now and forget later, and what you'll forget now and recall later. I do know that your unconscious mind has been actively listening and taking care of storing away any important items for you, while your conscious mind was freely wandering in and out. As you begin to notice the voices in the hall outside, and the sound of the fluorescent lights humming, I'm going to invite you to come back more fully into this room, as you are ready. And as you become more and more focussed on the noises and the feel of the room around you, you may begin to open your eyes and come back to the here . . . and . . . now.

Post M.E.M. Interview with Deborah

Therapist: O.K., what I'd like to do now, is to play back a few spots on the video tape for you, and then I'll ask you to answer some questions. So, if you are ready, we can begin.

Deborah: O.K.

(Played video section marked in transcript by brackets with a ¹ preceding the section
MM1[_____]).

Therapist: Can you tell me what you were thinking about right there?

Deborah: I was glad I don't have a wood stove, and that we never

really use the fireplace (loud laugh). No, I didn't realize today was the solstice, and I was realizing how much more scraping and painting there is to get done on my house--especially the dormers.

Therapist: Did this part you just watched bring anything else to mind?

Deborah: No, not really.

Therapist: O.K. Let's watch this next part now . . .

(Played video section marked in transcript by brackets with a ² preceding this section
RM2[_____]).

Therapist: Do you remember how you were feeling listening to this the first time?

Deborah: I remember thinking that I hope my daughters are learning how to be neat and organized from me. I think they are.

Therapist: Is there more?

Deborah: Well, I wondered why this woman was "alone for the first time"--if her husband had died or left her, or if she had left him.

Therapist: Is there more--anything else about the woman, or her children, the house, the parents?

Deborah: No.

Therapist: O.K. then here's the next part I'd like you to watch.

(Played video section marked in transcript by brackets with a ³ preceding the section
ED3[_____]).

Therapist: Do you recall your attitude during this section you just viewed? How you perceived this?

Deborah: Yes, I thought the woman was a jerk! I mean how stupid can you be? . . . to sit in a room while smoke's pouring into it, and have to wait for someone else to point out how dangerous that it--that's crazy!! (pause) What'd you ask ask again--oh yeah--my attitude?--well, I guess it was

judgemental huh? I judged the woman as stupid.

Therapist: Anything more here?

Deborah: No.

Therapist: O.K. Then I'd like to show you this next part.

(Played video section marked in transcript by brackets with a ⁴ preceding this section FRM4[_____]).

Therapist: Can you recall what you were thinking here?

Deborah: I thought it was nice that she kept referring to her parents' example, but I was glad when she finally realized that she could think for herself. I liked the idea of her meditating on the picture of the cleaned chimney. I do that sort of stuff sometimes.

Therapist: Meditating?

Deborah: Yeah, well, you know, visualizing, like at Nautilus when I'm working out, I sometimes get pictures in my mind of me done working out, relaxing and enjoying the sense of my muscles having been worked and stretched. It helps me to get through.

Therapist: And . . .

Deborah: And . . . that's it, I guess.

Therapist: Sure?

Deborah: Yeah.

Therapist: O.K., then here's the last segment I'd like you to watch.

(Played video section marked in transcript by brackets with a ⁵ preceding this section FMM5[_____]).

Therapist: What do you recall from here?

Deborah: I thought it was a good idea for the woman to learn how to clean her chimney herself, though a lot of dirty work that

I, personally, would rather hire someone else to do! But, you can't always afford other people cleaning up after you, so becoming self-sufficient is good.

Therapist: More?

Deborah: No, not really.

Therapist: Did the story seem relevant to you?

Deborah: You mean to me, personally? No, not really.

Therapist: What was the most interesting thing that happened in this story?

Deborah: I guess that the woman could actually sit in a room that was filling with smoke, and not seem to notice or care.

Therapist: What was interesting to you about that?

Deborah: I don't know--I just think it's bizarre.

Therapist: How about the least interesting thing?

Deborah: (Smiles) . . . I guess most of it seemed uninteresting to me. I hope that's not insulting you.

Therapist: Not at all--as much of your honest response to the story that I can record, the better. Positive or negative. What did you think was the purpose of the story?

Deborah: I really don't know what the point was. It seemed sort of silly.

Therapist: Did you see that the idea of the house in the story was parallel to your situation, and that the flu and chimney could've been your lungs?

Deborah: (long pause) . . . No, I didn't.

Therapist: Did you think I was talking about you?

Deborah: No, (slowly smiling) but I guess you were in a way, huh? I didn't see that 'till you just said it. Oh!

Summary of Deborah's Post M.E.M. Interview

Since this was not Deborah's first experience with therapeutic metaphor, she knew what to expect, and had the experience of her three previous sessions behind her.

The researcher was interested in how Deborah did, or did not, make sense of the stories she was told--what she actually was thinking and feeling, and how she internalized the metaphors.

Deborah was shown selected brief sections from each stage in the multiple embedded metaphor. These particular sections were picked because some change in the client's affect was noticed during the telling of the metaphor, and/or the researcher wanted to know what the client made of a specific section.

The protagonist of this metaphor series was not actually introduced until the resource metaphor. This may partially account for why Deborah made no conscious connection during the matching metaphor section between the cleaning of one's house and chimney and the cleaning up of her personal health and lungs by quitting cigarettes. There was no specific person mentioned at all during the matching metaphor, only generally vague references. In retrospect, the researcher viewed this as a major shortcoming in the design of this particular M.E.M. No protagonist was offered to this client with whom she might identify. Generally, if a therapeutic metaphor is to be effective, the client must make a strong identification with persons and events during the matching metaphor stage (Lankton & Lankton, 1983). Deborah indicated

during her post MEM interview that she made no such conscious connection.

Deborah recalled that during the resource metaphor she hoped that her daughters were acquiring the skills of organization and neatness from her. While she indicated no conscious connection here, this did suggest a possible unconscious connection between herself and the story. Her curiosity as to whether the woman in the story was left by her husband or if perhaps she left him, or if he died, further suggests a connection being made between her own life and that of the protagonist.

When asked about her perceptions during the direct work stage, Deborah's response clearly indicated a lack of any conscious connection between the woman in the story and herself. Her response demonstrated her interpretation of the story as literal and not representative of anything with which she could at least consciously identify.

When asked what she had been thinking during the "finishing the resource metaphor section," Deborah did seem to unconsciously make a connection between the protagonist and herself . . . "I liked the idea of her meditating on the picture of the cleaned chimney. I do that sort of stuff sometimes." Furthermore, Deborah goes on to describe a visualization technique that she uses on her own, which she learned through several guided imagery sessions with the researcher in various MEM's over her course of treatment (Deborah had indicated during her intake that she had no previous experience with visualization/imagery techniques).

As to Deborah's perceptions of the "finishing the matching metaphor section," she indicated an appreciation of self-reliance in reference to the protagonist learning how to clean out the chimney, but again, made no conscious connection between the protagonist hiring a coach to help her clean her chimney and Deborah hiring the researcher as her coach, to help her stop smoking.

In summary, Deborah did not seem to identify the protagonist as involved in a parallel situation to her (Deborah) own. Deborah therefore seemed to have a minimum amount of identification with the protagonist, and did not report the metaphors relevant to her own life, or of particular interest to her. When directly asked if she saw the chimney in the story as representative of her lungs she responded in the negative. She reported that she did not consciously think the researcher was talking about her until she was directly asked if she thought that this was the case in the last question of the interview.

Table 2

Comparison and Contrast of Three Post MEM Interviews

ABBY	LOUISE	DEBORAH
<p>... "That was interesting.... it surprised me... I mean there were times it really evoked strong emotions. And yet... on a conscious level it wasn't that emotion stimulating. It was neat."</p>	<p>Um, I was thinking I must be represented by the fox in this story, who lived in a number of places before this present forest that he liked so much, -- like I like the valley here. But then I wasn't sure I was the fox, cause he was beautiful and charming. But then I decided I probably <u>was</u> the fox, and I'd wait to see <u>how</u> else this fox was described in order to be sure.</p>	<p>I was glad I don't have a wood stove, and that we never really use the fireplace (loud laugh). No, I didn't realize today was the solstice, and was realizing how much more scraping and painting there is to get done on my house -- especially the dormers.</p>
<p>CAN YOU TELL ME WHAT YOU WERE THINKING ABOUT RIGHT THERE?</p> <p>Yeah, I was laughing at how you were equating me and my desire to run in a marathon to this bird. And I was amazed that you caught what I mentioned over the phone before I even met you... about how I used to always have a cigarette in my mouth, and that time I forgot, and began to answer this guy and the cigarette fell out and I almost died of embarrassment. It's interesting how you got so much in there --</p>	<p>(Matching Metaphor)</p>	

ABBY	LOUISE	DEBORAH
<p>WHAT DO YOU MEAN BY THAT? WHAT DID THE BIRD BRING TO MIND FOR YOU?</p> <p>Well, here's this bird who wants to sing, like me. And the bird wants to be in a marathon - like me! And this bird's got an embarrassing problem - like me - an addiction, that was messing up what he'd like to be doing - again, like me! And his sucking worms seemed to mess up his breathing for singing and flying, the way my cigarettes mess up my breathing for singing long and high notes, and for running without dying of lack of oxygen.</p> <p>ANYTHING ELSE?</p> <p>Um, no...(trails off into silence).</p>	<p>DID THE FOX BRING ANYTHING ELSE TO MIND FOR YOU?</p> <p>Not really; just that con- nection between the red fox and my red hair, and I remem- bered the woodpecker that was redheaded, so it all fit.</p>	<p>DID THIS PART BRING ANY- THING ELSE TO MIND?</p> <p>No, not really.</p>

ABBY	LOUISE	DEBORAH
<p>ARE YOU SURE? YOU SEEM TO BE THINKING ABOUT SOMETHING RIGHT NOW.</p> <p>Well, yes; I was remembering a part where you said how the bird was determined, but its friends discounted this. I guess I feel that way too - about my smoking, I mean - determined, but not taken seriously by friends.</p>		
<p>DO YOU RECALL HOW YOU WERE FEELING</p> <p>Well, sort of...I remember feeling like I'd mastered all those things: giving birth, gardening, learning violin, and to drive; and um, I felt good to realize I'd done all that.</p> <p>OTHER THOUGHTS OR FEELINGS ABOUT THIS?</p> <p>Never thought of smoking - quitting, I mean, in terms of a skill...But, I guess it is, sort of?</p> <p>UH, HUH</p> <p>I liked that the main thing</p>	<p>LISTENING TO THIS? (Resource Metaphor)</p> <p>Just like the fox; - that it was probably coincidence that I've been feeling more and more relaxed in my interactions with people lately. And, also that it'll all change back - and then when you said that the things didn't return to crummy for the fox but kept improving, I recognized myself again! Ha! Pretty clever; I see, - boy you've certainly got my number down (long, pause).</p> <p>CAN YOU SAY MORE ABOUT THAT?</p> <p>Oh, just that when I think about it, my sense of relaxation around everybody <u>has</u> improved,</p>	<p>I remember thinking that I hope my daughters are learning how to be neat and organized from me. I think they are.</p> <p>IS THERE MORE?</p> <p>Well, I wondered why this woman was alone for the first time, - if her husband had died or left her, or if she left him.</p> <p>IS THERE MORE - ANYTHING ELSE ABOUT THE WOMAN, OR HER CHILDREN, THE HOUSE, OR THE PARENTS?</p>

ABBY	LOUISE	DEBORAH
<p>UH, HUH (Continued)</p> <p>in the story was a songbird! That was neat.</p>	<p>CAN YOU SAY MORE ABOUT THAT? (Continued)</p> <p>and it's been getting better and better. Even my visit with my parents was OK. It's wonderful to realize that it hasn't gone back to the way it was when I first came here.</p>	<p>IS THERE MORE? (Continued)</p> <p>No.</p>
<p>DO YOU RECALL YOUR ATTITUDE DURING THIS SECTION?</p> <p>Yes, I remember listening very closely to the Doctor. What he told the bird... letting go of what you don't want to make room for other stuff. It made sense to me in terms of quitting ciga- rettes so I could sing and run, for instance. Is that what you mean?</p> <p>YES, ANYTHING YOU CAN RECALL HERE WILL BE USEFUL (Long pause). WHAT DID YOU THINK WAS THE PURPOSE OF THIS STORY?</p> <p>I don't think I really thought about what was the purpose. I just sort of compared the bird to me</p>	<p>HOW YOU PERCEIVED THIS SECTION?</p> <p>I got very sad - I identified with the fox wanting to stay in this forest because he'd made friends, but also think- ing that he'd grow more else- where. I felt like crying (long pause).</p>	<p>THIS? (Embedded Directive)</p> <p>Yes, I thought the woman was a jerk! I mean how stupid can you be?...to sit in a room while smoke's pouring into it, and have to wait for someone else to point out how dangerous that is - that's crazy!! (pause) What'd you ask again - oh yeah - my atti- tude? Well, I guess it was judgemental huh? I judged the woman as stupid.</p>

ABBY	LOUISE	DEBORAH
<p>WHAT DID YOU THINK WAS THE PURPOSE OF THIS STORY? (Continued)</p> <p>without thinking about why you were telling me these things.</p>		
<p>ANYTHING ELSE HERE?</p>	<p>DO YOU WANT TO ELABORATE OR SAY ANYTHING ELSE HERE?</p>	<p>ANYTHING MORE HERE?</p>
<p>Nuhuh.</p>	<p>Um, no.</p>	<p>No.</p>
<p>CAN YOU RECALL WHAT YOU WERE THINKING HERE?</p> <p>I don't really know - I think I was flashing back at that point on a bunch of different things.</p> <p>CAN YOU REMEMBER ANY OF THEM?</p> <p>Um, one thing was when I was real little, maybe 4 or 5, and helping my father in the garden out back of our house. I remembered I had on blue and white shorts, and I liked the feel of the shovel against the dirt (long pause).</p>	<p>(Finish Resource Metaphor)</p> <p>I felt in agreement with the fox telling the squirrel that the best thing he said to him was that he had everything he needed inside him. I feel like that's really true for me. I've really enjoyed rediscovering this in my sessions with you.</p>	<p>I thought it was nice that she kept referring to her parents' example, but I was glad when she finally realized that she could think for herself. I liked the idea of her meditating on the picture of the cleaned chimney. I do that sort of stuff sometimes.</p> <p>MEDITATING?</p> <p>Yeah, well, you know, visualizing, like at Nautilus when I'm working out, I</p>

ABBY	LOUISE	DEBORAH
<p>WHAT ELSE?</p> <p>Oh, I don't know - there was a scene I flashed on too - around when I was 7 or 8, learning to hold my head under water, I hated that!</p> <p>WHY?</p> <p>It was scary - I couldn't see or breathe. Yucky!</p> <p>ANYTHING ELSE?</p> <p>No. I don't think so.</p>	<p>IS THERE ANYTHING ELSE YOU CAN RECALL HERE?</p> <p>No.</p>	<p>MEDITATING? (Cont Inued)</p> <p>sometimes get pictures in my mind of me <u>done working</u> out, relaxing and enjoying the sense of my muscles having been worked and stretched. It helps me get through.</p> <p>AND...</p> <p>And, that's it, I guess.</p> <p>SURE?</p> <p>Yeah.</p>
<p>WHAT DO YOU RECALL FROM HERE? (Finish Matching Metaphor)</p> <p>I was glad the bird knew it was going to stop sucking worms...(long pause)</p> <p>ANYTHING ELSE?</p> <p>Nuh, uh.</p>	<p>How much I dread goodbyes... listening to the fox move to somewhere new. I felt like the fox here. And I was sorry the fox was leaving...But then I felt like I was the fox moving on and feeling my strength. It's funny - I was identifying</p>	<p>I thought it was a good idea for the woman to learn how to clean her chimney herself, though a lot of dirty work that I, personally, would rather hire someone else to do! But you can't always afford</p>

ABBY	LOUISE	DEBORAH
<p>DID THE STORY SEEM RELEVANT TO YOU?</p> <p>Oh sure! Like I said before - this bird and I have a lot of parallels!</p> <p>CAN YOU DESCRIBE SOME OF THEM?</p> <p>The parallels? Sure - the singing, running (flying for the bird) addiction - the bird to worms (lots of giggling) me to cigarettes.</p> <p>WHY ARE YOU LAUGHING?</p> <p>Sucking worms? Where did you get that from? So gross - just like oh, yeah! Just like sucking in a puff of tobacco!</p>	<p>WHAT DO YOU RECALL, FROM HERE? (Continued)</p> <p>all through with the fox at different times...</p> <p>Yeah! Sure, that's why I thought I was the fox in it (a lot of laughter).</p> <p>WHAT'S SO FUNNY?</p> <p>How self-centered, huh! I think I'm everybody! I don't know.</p> <p>WHAT'S THE MOST INTERESTING THING THAT HAPPENED IN THIS STORY?</p> <p>How the fox seemed to be me - me changing at different times. Moving here, feeling apart, as I always do, from everything. Then gradually feeling more</p>	<p>other people cleaning up after you, so becoming self-sufficient is good.</p> <p>MORE?</p> <p>No, not really.</p> <p>You mean to me, personally? No, not really.</p> <p>WHAT'S THE MOST INTERESTING THING THAT HAPPENED IN THIS STORY?</p> <p>I guess that the woman could actually sit in a room that was filling with smoke, and not seem to notice or care.</p>

ABBY	LOUISE	DEBORAH
<p>WHY ARE YOU LAUGHING? (Continued)</p> <p>Oh, geez.</p> <p>WHAT DID YOU THINK WAS THE PURPOSE OF THIS STORY?</p> <p>To get the bird to stop sucking worms, and therefore to suggest that I could stop smoking cigarettes.</p> <p>DID YOU THINK I WAS TALKING ABOUT YOU?</p> <p>At times. Other times I wasn't focussed on me, but on this poor little bird! But, yeah, I guess I figured now - watching this - how geared this story must've been to me. I liked it!</p> <p>WHAT WAS THE MOST INTERESTING THING FOR YOU THAT HAPPENED IN THE STORY?</p> <p>That the bird in the end, knew she would quit smoking worms.</p>	<p>WHAT'S THE MOST INTERESTING THING THAT HAPPENED IN THIS STORY? (Continued)</p> <p>at home here, and more comfortable with myself lately - and feeling more confident and able to move on - like the fox did, and I may.</p>	<p>WHAT WAS INTERESTING TO YOU ABOUT THAT?</p> <p>I don't know - I just think it's bizarre.</p>

ABBY	LOUISE	DEBORAH
AND THE LEAST INTERESTING PART?	HOW ABOUT THE LEAST INTERESTING THING?	HOW ABOUT THE LEAST INTERESTING THING?
<p>The parts about learning to play an instrument - that was sort of boring, no offense!</p>	<p>Least interesting? Hmmm...I don't know it all was pretty interesting...maybe just that I would've enjoyed hearing more adventures of the fox and squirrel.</p>	<p>(smiles)...I guess most of it seemed uninteresting to me. I hope that's not insulting you.</p>
<p>NO OFFENSE TAKEN...DO YOU KNOW WHY THAT PART BORED YOU?</p>	<p>BOTH OF THEM - OR MAYBE ONE IN PARTICULAR?</p>	<p>NOT AT ALL - AS MUCH OF YOUR HONEST RESPONSE TO THE STORY THAT I CAN RECORD, THE BETTER..POSITIVE OR NEGATIVE. WHAT DID YOU THINK WAS THE PURPOSE OF THE STORY?</p>
<p>Yeah - I hated learning violin - Blech!</p>	<p>No, both. I liked them both.</p>	<p>I really don't know what the point was. It seemed sort of silly.</p>
<p>OK. IS THERE ANYTHING YOU'D LIKE TO ADD BEFORE WE STOP HERE?</p>	<p>WHAT DID YOU THINK WAS THE PURPOSE OF THIS STORY?</p>	<p>DID YOU SEE THAT THE IDEA OF THE HOUSE IN THE STORY WAS PARALLEL TO YOUR SITUATION, AND THAT THE FLU AND CHIMNEY COULD'VE BEEN YOUR LUNGS?</p>
<p>This was fun, a little long - I'm tired; but I liked being told the stories a lot! Very relaxing somehow. I feel good!</p>	<p>To help me say goodbye to you. You know, to give me a pep talk of sorts and to send me out on my own now.</p>	<p>(long pause)...No, I didn't.</p>
	<p>CAN YOU EXPLAIN HOW YOU SEE THIS?</p> <p>Sure. I was the fox - telling the squirrel goodbye. You were the squirrel telling me I had a lot of strength and ability to succeed on my own.</p>	<p>DID YOU THINK I WAS TALKING ABOUT YOU?</p>

ABBY	LOUISE	DEBORAH
	<p>DID THE STORY SEEM RELEVANT TO YOU?</p> <p>(rolls her eyes) Are you kidding? Of course. The story was just like me!</p> <p>IS THERE ANYTHING YOU'D LIKE TO ADD OR DESCRIBE BEFORE WE STOP HERE?</p> <p>No - I feel sort of sad and happy right now - glad I've accomplished my goal to quit smoking and sad cause, well, I'm not comfortable with goodbyes. But the story was neat. I always like them.</p>	<p>DID YOU THINK I WAS TALKING ABOUT YOU?</p> <p>No, (slowly smiling) but I guess you were in a way, huh? I didn't see that till you just said it!</p> <p>Oh!</p>

Section III - Client Summaries

Each client's therapeutic treatment is summarized in this section, with particular attention given to the tandem use of therapeutic metaphor and behavioral tasks, which were then used to complement each other throughout the therapy. Final dispositions are outlined and recommendations for further treatment are made as well.

Abby's Psychotherapy Termination Report

Number of Sessions: 8

- I. Summary of Treatment Course: A strategic/behavioral approach was utilized with this client over a period of two months. Relaxation exercises combined with the use of multiple embedded metaphor (in tradition of Milton Erickson) were used during each session in order to gently ease her into a receptive state of mind and to help her access and retrieve from her memory the general resources of feelings of comfort, safety, competency and confidence. Multiple embedded metaphor was also used to "seed" the idea of health, and to retrieve the more specific resource of being able to surmount physical discomfort, such as that that is often associated with nicotine withdrawal. Abby responded favorably to the relaxation exercises and the metaphors, remarking at various times on a noticeable reduction in her anxiety over quitting and an increasing self-confidence in her ability to achieve her goal.

Behavioral tasks in the form of homework were given each session (see Table 3). These ranged from having Abby write down her top three reasons for quitting and having her tape them to her cigarette pack, t.v., mirror, etc., to assigning her chapters to read in a book called Women's Running. Initially the researcher instructed Abby to keep a record of each cigarette she smoked--when she smoked it, what she was feeling and how far down she smoked it. Each week she would bring in her list. When Abby first came in, she was averaging about a pack a day. Each session she would be asked to identify either which cigarettes she would eliminate that coming week (i.e., "after dinner" cigarettes, "at work" cigarettes, etc.) or simply to identify the number of cigarettes she'd eliminate that week. When she reported back the following week on her successes she was highly congratulated. When she reported on her occasional "failures" the researcher would carefully reframe the "failure" as the researcher's mistake in encouraging her to change too quickly.

Further note would be made that she knew (better than anyone, including the researcher) what was the best pace for her to give up cigarettes, and that her behavior that week, rather than being a failed attempt, was rather a successful self-adjustment in her rate of withdrawal; a way to ensure her successful achievement of reaching her goal.

The important value of "homework" in this strategic approach is made note of here. The homework serves the very crucial purpose of keeping the therapy actively alive during the week. In this case, it also involved Abby in a way that she could feel like a co-therapist, rather than a "sick client." Since Abby had been to a couple of helping professionals in seeking assistance with various problems in her life, who had either blamed her or offered her no direction she could follow, this "co-therapist" approach was particularly successful. Insisting that clients participate in their treatment is simple common sense if one accepts the basic premise that Milton Erickson did, that the answer lies within each of us. Having Abby determine which and/or how many cigarettes she would eliminate each week (1) pre-supposed that indeed, some cigarettes will be eliminated and (2) included her as an active, intelligent, empowered part of her own treatment plan.

In terms of achieving treatment goal: Abby had totally stopped smoking by the last session. During the two month period that the researcher met with Abby, she began exercising more regularly in addition to substituting other activities for smoking such as sipping water or singing. She left this therapy quite proud of herself, though somewhat worried about maintaining her discipline. She was informed that the researcher would follow up on her in several months, and she could call if she ran into any related problems.

- II. Final Disposition: The researcher gave Abby a "follow up" call the first week of September, 1983. At that time she reported that she had smoked a total of ten cigarettes since she'd been seen last (June 28, 1983) and of these ten, she never smoked more than one in succession. The only time she felt the desire to smoke was when she was writing, which at that time she was doing a substantial amount of in an effort to compile her portfolio for her entrance to school in the fall. Abby said that while she had smoked these ten cigarettes since our last session when she had been "smoke free," she still felt good about her progress and unconcerned about becoming a smoker again. She reported delight in surprising her friends and family and that she felt better herself.
- III. Recommendations: To make a session or strategic call available to Abby if she should find herself beginning to smoke again.

Table 3

Abby's Treatment Chart

Session	Therapeutic Goals	Metaphoric Themes	Homework
1	To seed ideas of change and successful smoking cessation, while soliciting background data during initial interview session.		Don't change anything. Keep smoking exactly as you have been.
2	<p><u>Attitude restructuring:</u> letting go of old habits to make room for new and more desirable things.</p> <p><u>Self-image enhancement:</u> to acknowledge her talents & accomplishments & feel proud of herself.</p> <p><u>Learning enjoyment:</u> find pleasure in challenging herself to surmount discomforts, fears, difficulties associated with smoking cessation.</p>	<p>Letting go of worm addiction so could sing and fly "Great Bird Marathon".</p> <p>Learning to drive, play instrument, gardening and giving birth - all accomplishments.</p> <p>Linking above accomplishments with surmounting physical discomforts and skill acquisition.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 15 cigs/day * read in Women's Running section on beginners * write down top 3 reasons for quitting * keep record of when smoking
3	<p><u>Self-image enhancement:</u> must evolve to being proud of her abilities and confident of herself as a good role model for her daughter.</p> <p><u>Attitude restructuring:</u> must change her attitude to positive expectation of success in quitting smoking</p>	<p>Tennis player recounts previous learnings and successes, develops confidence in teaching tennis to her young student.</p> <p>Coach instructs tennis player to think about winning her game and expect success in order to achieve it.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 10 cigs/day * read section on 'health' in Women's Running * tape reasons for quitting to cigarette pack, phone, tv, etc. * keep record of when smoking

Session	Therapeutic Goals	Metaphoric Themes	Homework
4	<p><u>Attitude Restructuring:</u> to recreate smoking cessation as a <u>non-stressful</u> activity, a relaxing enterprise.</p> <p><u>Self-image enhancement:</u> to recall <u>relaxed times</u> in Abby's past when her calm and relaxed presence greatly helped a situation.</p>	<p>Story about a highstrung opera singer who learns that relaxation of her vocal cords is the key to her glorious voice and well-being.</p> <p>Stories of a mother deer whose relaxed good judgement saves her children</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 8 cigs/day * chapter on diet/safety, Women's Running * will exercise 15 mins. 3X week * keep record of when smoking
5	<p><u>Enjoyment of life:</u> finding pleasure in meeting challenges (like quitting smoking)</p> <p><u>Self-image enhancement:</u> acknowledging herself for being able to recognize her mistakes and correct them</p>	<p>Stories of 70+80 year old people returning to school to study and receive undergraduate degrees. "They say it couldn't be done" stories.</p> <p>Stories of performing artists who keep learning new and better ways of performing that replace old ways of being</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 6 cigs/day * will use 3 options at work <ol style="list-style-type: none"> 1) sip a drink 2) 5 minute walk break 3) talk to a non-smoking friend * will exercise and run 3X week
6	<p><u>Self-image enhancement:</u> to see herself as an intelligent woman; talented and creative.</p> <p><u>Attitude restructuring:</u> to build on above strengths and recognize she can leave an unsatisfying, unhealthy job for a better one.</p>	<p>Stories of retrieval of childhood glories of being smartest kid in class, best actress, singer and a class leader.</p> <p>Stories of birds - all kinds - migrating to improve their health - way of life, living conditions - without thinking; instinctually.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 3 cigs/day * still utilizing above 3 options at work * exercise 6 run 3X week * recommit to reasons for quitting smoking

Session	Therapeutic Goals	Metaphoric Themes	Homework
7	<p><u>Enjoyment of life:</u> delighting in full use of all senses - especially her sense of smell.</p> <p><u>Self-image enhancement:</u> to be proud of herself, athletically, as a mother, etc.</p>	<p>Story of dogs who love to ride in cars with open windows so they can drink in all the wonderful smells passing by. Smelling flowers, balsam, wet wool, paint, etc.</p> <p>Stories of Olympic athletes, mother cougars, lions, etc.</p>	<p><u>For next session:</u></p> <ul style="list-style-type: none"> * a totally smoke free week * exercise and run 5X wk * review reasons for staying free of cigarettes * tell at least 3 people you quit
8	<p><u>Attitude restructuring:</u> she's strong on her own, able to maintain positive changes long-term</p> <p><u>Enjoyment of life:</u> Vacationing with her family on Fire Island - smoke free and loving it!</p>	<p>Story of a redwood tree, in a forest that stands tall and proud even after other trees and friends in forest around him leave his side. He maintains his radiant health for centuries, despite initial fears of faltering.</p> <p>Story of fire and water - elements - summer solstice being a ritualistic time of positive, long lasting changes.</p>	<p><u>From here on:</u></p> <ul style="list-style-type: none"> * no cigarettes! * exercise and run 5x wk * periodically review reasons for staying quit * allow yourself to feel the pleasure of meeting & maintaining your goals

Louise's Psychotherapy Termination Report

Number of Sessions: 9

- I. Summary of Treatment Course: A strategic/behavioral approach was utilized with this client over a period of two months. Relaxation exercises combined with the use of multiple embedded metaphor (in the tradition of Milton Erickson) were used during each session in order to gently ease her into a receptive state of mind and to help her access and retrieve from her memory the general resources of feelings of comfort, safety, competency and confidence. Multiple embedded metaphor was also used to "seed" the ideas of good health, and to retrieve the more specific resources of being able to take care of oneself in the world and of being able to surmount physical discomfort, such as that that is often associated with nicotine withdrawal. Louise responded favorably to the relaxation exercises and the metaphors, remarking at various times on a noticeable reduction in her anxiety over quitting and an increasing self-confidence in her ability to achieve her goal.

Treatment further involved negotiating a workable and enjoyable exercise program for Louise. We began with a half hour walking program three times a week, and very gradually built it up to a walk/jog program and finally a jogging program. Louise also began a yoga class during this time period, which she reportedly enjoyed immensely. The focus on all the exercise was to do it for herself, to increase her physical pleasure, with no repercussions for missed exercise. By our last session Louise was running regularly (a minimum of three runs a week and three long walks) roughly two-and-a-half miles each time. Her demeanor changed, her color improved, she smiled more and she began to experiment with her appearance--trying new ways of wearing her hair, and dressing with a bit more of an eye for detail and neatness. No noticeable weight loss was noted, but Louise reported feeling more alive and healthy than she had in a long time.

Behavioral tasks in the form of homework were given each session (see Table 4). These ranged from having Louise write down her top three reasons for quitting and having her tape them to her cigarette pack, t.v., mirror, door, etc., to assigning her chapters to read in a book called Women's Running. Initially the author instructed Louise to keep a record of each cigarette that she smoked--when she smoked it, what she was feeling and how far down she smoked it. Each week she would bring in her list. When Louise first began treatment she was averaging about a pack a day. Each session she was asked to identify either which cigarettes she would eliminate that coming week (i.e., after dinner cigarettes, at work cigarettes, etc.) or simply to identify the number of cigarettes that she'd eliminate. When she reported back

the following week on her successes she was highly congratulated. When she reported on her occasional "failures" the researcher would carefully reframe the "failure" as her mistake in encouraging Louise to change too quickly. Further note was made that she knew (better than anyone) what was the optimum pace for her to give up cigarettes, and that her behavior that week rather than being a failed attempt was, on the contrary, a successful self-adjustment in her rate of withdrawal, a way to ensure her successful achievement of reaching her goal.

The important value of "homework" in this strategic approach is made note of here. The homework serves the very crucial purpose of keeping the therapy actively alive during the week. In this case, it also involved Louise in a way that she could feel like a co-therapist, rather than a "sick client." Since Louise had previously been to several therapists seeking assistance with various situations in her life, who had either blamed her or offered her no direction that she could follow, this "co-therapist" approach was particularly successful with her. Insisting that clients participate in their treatment is simple common sense if one accepts the basic premise that Milton Erickson did, namely that the answer lies within each of us. Having Louise determine which and/or how many cigarettes she would eliminate each week: (1) presupposed that some cigarettes would be eliminated and (2) included her as an active, intelligent, empowered part of her own treatment plan.

In terms of achieving treatment goals: Louise had totally stopped smoking by our last session. During the two months period that the researcher met with Louise, she began a regular exercise program and gradually reduced her cigarette intake until she no longer smoked at all. She reported once or twice that she noticed being in a restaurant after a meal and watching others light up, but not feeling compelled to do so herself--and also not feeling compelled to remove herself from the area where people were smoking. Louise left this therapy feeling quite proud of herself, though concerned about maintaining her discipline. She was informed that the researcher would follow-up on her in several months and that she could call if she ran into any related difficulties.

- II. Final Disposition: The researcher gave Louise a "follow-up" call in early September, 1983. At that time she reported that she had smoked about four cigarettes since she'd last seen the author (July 7, 1983) and of these four, she never smoked more than one in succession. She still was running, though less frequently and talked of trying to get herself back on a schedule. Louise had let the author know (through a questionnaire she answered) that she would've liked to continue therapy although to work on issues other than smoking. The researcher explained

that she was unable to continue seeing Louise and recommended that she contact the PSC and ask to be seen by another therapist. She called several weeks after she had been seen by a new therapist to report that she didn't find the therapy to be of use, that she had requested a female therapist but was assigned a male, and that she felt no rapport with him.

- III. Recommendations: The researcher suggested to Louise that she explain clearly to the therapist that she would prefer a woman therapist and then wait to be assigned to one; or to try to detail what she needed from this male therapist in order to feel safer and in rapport with him, and then to ask him for this and see if he was able to accomodate her. Louise is perceptive and intelligent, and should not be approached with anything less than respect for her self-perception if one hopes to work well with her.

Table 4

Louise's Treatment Summary Chart

Session	Therapeutic Goals	Metaphoric Themes	Homework
1	To seed ideas of change and successful smoking cessation while soliciting background data during initial interview session.		Don't change anything. Keep smoking exactly as you have been.
2	<p><u>Self-image enhancement:</u> needs to develop pride in herself - her appearance, talents, strengths, personality. Must practice liking herself.</p> <p><u>Attitude restructuring:</u> change from relying on others to a self-confident self-reliance for affirmation.</p>	<p>Story about a beautiful red woodpecker who recounts to a frog things in his life he was proud of.</p> <p>Woodpecker learns that the answers he seeks are within him and he can rely on himself to accomplish anything.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * will eliminate all after dinner cigarettes * read beginners section in <u>Women's Running</u> * write down and post top 3 reasons for quitting * keep record of smoking - when and how she felt
3	<p><u>Self-image enhancement:</u> to develop pride in her appearance and health.</p> <p><u>Enjoyment of life:</u> needs to believe that she can enjoy her life, not simply tolerate it.</p>	<p>Story of rusted out car with a clogged up exhaust system that was owned by a woman who one day decided the car was worth saving and cleaned it up, declogged the exhaust system, painted and groomed the car's body, etc.</p> <p>Car gets fixed up and woman and car both enjoy the challenge of improving, and enjoy the process, as well as the results.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 12 cigs/day * begin walking fitness program - $\frac{1}{2}$ M,W,F. * reaffirm reasons for quitting

Session	Therapeutic Goals	Metaphoric Themes	Homework
4	<p><u>Attitude restructuring:</u> recreate weight loss, smoking cessation, socializing as relaxing things that can be accomplished in steps.</p>	<p>Story about a long distance swimmer who complained to coach of anxiety/people not really understanding. Coach reminds swimmer of learning skill of swimming stroke by stroke, gradually building strength and endurance and of relaxation that comes from floating when skill becomes routine and no longer needs to be thought about.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 10 cigs/day * read In Women's Running * Increase to 1 day of walk/run w/ ½ hr. * M,W, & F walking program * reaffirm reasons for quitting
5	<p><u>Self-image enhancement:</u> to develop confidence in her strength and will to meet her goals. To develop self-confidence in her self-reliant ability.</p> <p><u>Attitude restructuring:</u> to develop positive expectation of success in smoking cessation</p>	<p>Story of a woman with low self-confidence who took her husband everywhere and finally realized she doesn't have to have him w/ her for things to go well. She can choose to have him along because she enjoys his companionship.</p> <p>Story of woman who meets her goals (despite self-doubt) and realizes the answers were within her all along.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 8 cigs/day * continue walking program with 1 week/run day * join yoga class * will exercise sipping water w/ lime option
6	<p><u>Attitude restructuring:</u> needs to know there is nothing magical about timing in relation to boyfriend, and that there are reliable men on whom she can count.</p>	<p>Story about a clock maker who doubts whether he can count on a friend who wants to go into business w/ him. Clockmaker discovers friend is reliable & was more a matter of his inner clock than magical timing regarding becoming partners with confidence.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 6 cigs/day * continuing above exercise program and yoga * no more smoking in her car - taping ashtray closed.

Session	Therapeutic Goals	Metaphoric Themes	Homework
7	<p><u>Self-Image enhancement:</u> to develop self appreciation of her appearance, pride in her progress, confidence in further goals being reached</p> <p><u>Enjoyment of life:</u> delighting in all her senses - especially sense of smell.</p>	<p>Story of river that was depoluted and after years of a negative self-image, took pride in its appearance.</p> <p>Story of river that was relaxed, calm, flowed peacefully, and enjoyed sights and smells and feelings of all it rolled past.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * down to 4 cigs/day * reaffirm reasons for quitting * 2 days running/3 days walk/run $\frac{1}{2}$ hour * yoga
8	<p><u>Attitude restructuring:</u> letting go of past to make room for a happy, successful present and future.</p>	<p>Story of a woman leaving a farm she grew up on, where she was generally unhappy, yet attached in a funny way. She moves on and thrives and comes back to reflect on all her growth and success.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * a smoke free week * 5 days of running and walking $\frac{1}{2}$ hr. each * tell at least 3 people you quit
9	<p><u>Attitude restructuring:</u> to expect success and happiness</p>	<p>Story of a squirrel telling a red fox that the fox has his own answers within himself and he only need look to himself and trust himself to create his success and happiness and to take pride in what he achieves.</p>	<p>From here on:</p> <ul style="list-style-type: none"> * no cigarettes * continue exercise program * periodically review reasons for staying quit * give yourself pleasure of acknowledging that you met can maintain your goals

Deborah's Psychotherapy Termination Report

Number of Sessions: 8

- I. Summary of Treatment Course: Deborah was determined to prescribe her own treatment as the "cold turkey" method, so we began by trying this. It did not work however, and she began smoking again each week, so we quickly changed our treatment plan to utilize a more behavioral approach. A strategic approach was utilized from the start. Relaxation exercises combined with the use of multiple embedded metaphor (in the tradition of Milton Erickson) were used during each session in order to gently ease her into a receptive state of mind and to help her access and retrieve from her memory the general resources of feelings of comfort, safety, competency and confidence. Multiple embedded metaphor was also used to "seed" the idea of good health, and to retrieve the more specific resources of being a skilled parent that she needed to be in touch with again in order that she be able to seek activities and friends outside her home and children without guilt or resentment. Deborah was also told metaphors designed to retrieve specific resources of being able to surmount both the physical and psychological discomfort that is often associated with nicotine withdrawal. Deborah responded favorably to the relaxation exercises and the metaphors, specifically remarking on the metaphors about good parenting and adult fulfillment.

Treatment further involved negotiating some activities for Deborah to become involved in. After carefully evaluating Deborah's financial resources and her favored activities, and then looking through summer school and adult education catalogs together, it was decided that Deborah would enroll in a Tai Chi class for the summer. Deborah enjoys physical activity and learning new ways to use her body. This class gave her the chance to do all of these things, plus it offered her an opportunity to meet people with whom she had at least one thing in common--the class. Deborah enjoyed the class, though was not wildly enthusiastic. She was shy about approaching people in the class, though she did talk to several class members. She never asked anyone to go for a drink, or tea or coffee, which was a "homework task" given to her. In terms of increasing her circle of friends, this venture was not successful. In terms of giving Deborah a new place to go and a new activity to try, it was.

Further planning involved supporting Deborah to contact a local community college where she intended to enroll in the fall, and take one evening a week for herself to be in classes. Deborah did enroll and signed up for two courses.

Furthermore, Deborah decided she'd like the on-going support of a woman's group and she contacted a woman who had advertised

running a support group for women. However, the group turned out to be for lesbian women and Deborah was uninterested. She also contacted a women's center but found their groups met during her working hours.

Behavioral tasks in the form of homework were given each session (see Table 5). These ranged from having Deborah write down her top three reasons for quitting smoking, to assigning her to approach any person in her Tai Chi class to go for a coffee/drink with her sometime. Initially the researcher instructed Deborah to keep a record of each cigarette that she smoked--when she smoked it, what she was feeling and how far down she smoked it. Each week she would bring in her list. When Deborah first began seeing the author she was averaging a pack to a pack and a half a day. Each session she would be asked to identify the number of cigarettes that she would eliminate that week. When she reported back the following week on her successes she was highly congratulated. When she reported on her occasional "failures" the researcher would carefully reframe the "failure" as her mistake in encouraging Deborah to change too quickly (which is also how the researcher reframed her failed attempt to quit "cold turkey"). Further note was made that she knew (better than anyone) what was the optimum rate for her to give up smoking, and that her behavior in smoking more than she had designated to smoke that week was a successful self-adjustment in her rate of withdrawal; a way to ensure her successful achievement of reaching her goal.

In terms of achieving treatment goals, Deborah had totally stopped smoking by the last session. She reported that she was surprised at how little anxiety she felt toward the end, about giving all smoking up. She still was leading a fairly isolated life, was still bored at night, but seemed confident she would change this--especially in the fall, when she'd be taking courses. The researcher informed her that she would follow up on her in several months and that she could call if she ran into any related difficulties.

- II. Final Disposition: Deborah returned a questionnaire that was sent to her in the early fall (the author was unable to reach her by phone). She reported that she had, indeed, begun smoking again--but only in her home this time, and only in the evening. She said she felt she'll have to attempt to quit "cold turkey" again, and that that was the only way for her.
- III. Recommendations: The author would hope Deborah does attempt to quit again, and that if she continues to believe that "cold turkey" is "the only way" for her, that she be supported in her effort. The researcher also suggests that Deborah work further to enhance her social life and have it be more fulfilling to her.

The author believes all she needs here is a gentle but firm, steady and consistent encouragement and support to do this, and therapeutic metaphor may still prove useful here.

Table 5
Deborah's Treatment Summary Table

Session	Therapeutic Goals	Metaphoric Themes	Homework
1	To seed ideas of change and successful smoking cessation, while soliciting background data during initial interview session.		Don't change anything. Keep smoking exactly as you have been.
2	<p><u>Family structure change:</u> needs to create outside the home relationships, as daughters have more activities of their own now.</p> <p><u>Self-image enhancement:</u> needs to see herself as a talented, accomplished, attractive woman - desirable as a friend, lover, ...</p>	<p>Story of a teacher whose students learned the subject being taught well, and left school to do other things, leaving the teacher feeling useless until she joined activities in the community-at-large outside the school.</p> <p>Story about an actress who was always acting - even off stage, because she feared the "real her" was unworthy of other people's friendships. She discovered through a perceptive director/friend that she's a good person after all - and she learns to trust others will want to know and befriend her.</p>	<p>For next session: she was determined to try "cold turkey" - so decided to let her try, feeling quite sure it wouldn't work and she'll be more open to alternatives.</p> <p>Will write down and post top three reasons for quitting.</p>
3	<u>Self-image enhancement:</u> needs to evolve to feeling pride in herself as a good role model for her daughters.	Mama Lion chosen as protagonist of story about a mother trying to set a good example for her cubs and doing a very good job.	<p>For next session: * failed to go "cold turkey", but smoked only 5 cigs/day so maintain 5 cigs/day * review reasons for quitting</p>

Session	Therapeutic Goals	Metaphoric Themes	Homework
3 (cont.)	<p>Attitude restructuring: <u>trusting that the "unknown" or "emptiness" created by giving up smoking will be replaced with something more fulfilling and desirable.</u></p>	<p>Through a "pack rat" theme of collecting many unnecessary things client was offered opportunity to examine her smoking habit as unnecessary and replaceable with more enjoyable things.</p>	<p>* go over local college catalogs, finding several courses of interest to her that are open this summer</p>
4	<p>Attitude restructuring: <u>redefining her view of her parents' teachings as "gospel," to viewing them as a base on which she can build, adding her own values, beliefs, wisdom.</u></p> <p>Self-image enhancement: <u>she needs to recognize and acknowledge her talents and accomplishments and take pride in herself.</u></p>	<p>Story of a woman who inherits a house and learns to care for it, doing some of the same things she learned from her folks, and some things very differently.</p> <p>Stories of successfully taking care of many unknowns - living on her own for first time in charge of 2 small children, supporting, feeding, clothing them, etc.</p>	<p><u>For next session:</u></p> <p>* smoke only 4 cigs/day</p> <p>* review reasons for quitting</p> <p>* sign up for Tai Chi class and go to 1st class with intention of saying "hello" to at least 2 people there.</p>
5	<p><u>Enjoyment of life:</u> <u>learn to enjoy the challenges (like quitting cigarettes)</u></p> <p><u>Self-image enhancement:</u> <u>to believe others want to know her and be her friend - that she is lovable.</u></p>	<p>Story of solstice being seasonal change, and rituals associated with changing that the sun came to relish as challenges to its brilliance.</p> <p>Story of a moon that felt unloved and very alone at night til she was befriended by some stars who helped her see how lovable she is.</p>	<p><u>For next session:</u></p> <p>* smoke only 2 cigs/day</p> <p>* review reasons for quitting</p> <p>* ask redheaded woman in class to go for coffee, or simply plan to meet sometime.</p>

Session	Therapeutic Goals	Metaphoric Themes	Homework
6	<p><u>Self-image enhancement:</u> to appreciate fine role model and mother she is</p> <p><u>Attitude restructuring:</u> to one of positive expectancy for successful quitting of cigarettes</p>	<p>Story of musicians who discover 2 young musical talents who claim they owe it all to their mother.</p> <p>Story of musician hooked on cocaine who "beats the habit" and appreciates his success and increased appreciation and joy in his music</p>	<p>For next session:</p> <ul style="list-style-type: none"> * no more cigarettes! * tell daughters that you quit and ask if they noticed * continue Tai Chi classes
7	<p><u>Attitude restructuring:</u> redefine "freedom" as ability to choose, or freedom to choose to be smoke-free. Instead of not smoking limiting her options, it opens up her options and increases activities she can do.</p>	<p>Story of July 4th, Independence, freedom to pursue interests, sit wherever she'd like in restaurants, airplanes, etc.</p>	<p>For next session:</p> <ul style="list-style-type: none"> * continue to be smoke-free * enjoy satisfaction of meeting goals * continue Tai Chi class * list ways for her to meet people
8	<p><u>Learning enjoyment:</u> learning to live fully and appreciate her potential and actualize it as much as possible</p>	<p>Story of gypsies who dance and sing and play instruments and rejoice in full use of their healthy bodies</p>	<p>From here on:</p> <ul style="list-style-type: none"> * no cigarettes! * continue Nautilus, Tai Chi, other classes * allow yourself to enjoy having reached your goal

Section IV - Client Questionnaires

This section presents each client's perceptions for her treatment via a questionnaire that was sent to each client five weeks following treatment completion.

Abby's Therapy Questionnaire

1. WHAT DID YOU THINK OF THIS THERAPY? (PLEASE CHECK ONE)

☐ STRONGLY DISLIKED ☐ DISLIKED ☐ NEUTRAL
☐ LIKED ☒ STRONGLY LIKED

2. DID YOU FIND YOURSELF THINKING ABOUT ANY OF THE STORIES BETWEEN SESSIONS? IF SO, PLEASE GIVE EXAMPLE(S).

Not much. I would recall them generally right after the session, driving home and occasionally during the week.

3. DID YOU TALK TO ANYONE OUTSIDE OF THE CLINIC ABOUT THIS EXPERIENCE? IF YES, WHAT DID YOU RELATE OF THIS EXPERIENCE?

Yes. I discussed in detail the techniques you used including the stories (though not much of their content), the record keeping, the goal setting and you personally.

4. DID YOU THINK THIS THERAPY WAS HELPFUL? PLEASE EXPLAIN.

Very. The structure of the cutting down was helpful, the accountability, the positive nature of the therapy as a whole. The support.

5. WOULD YOU RECOMMEND THIS THERAPY TO A FRIEND? PLEASE EXPLAIN.

Yes, for the above reasons and it was successful.

6. HOW DOES THIS THERAPY COMPARE TO ANY OTHER THAT YOU HAVE EXPERIENCED? PLEASE EXPLAIN.

I've been in therapy once before and the nature of it was much more complex than quitting smoking so comparing the 2 isn't wholly fair, but this experience was much much more positive, gentle and supportive. The other important difference is that this therapy was successful as the goal was reached. My other experience was not as successful. The conflict that brought me

her car with the clogged exhaust. The woman with the clogged chimney who lit a fire for her friends. The woman with low self-confidence who took her husband everywhere. The woodpecker hooked on apples who wanted to whistle with his mate. The river that lived to smell the trees when he ran past them.

3. DID YOU TALK TO ANYONE OUTSIDE OF THE CLINIC ABOUT THIS EXPERIENCE? IF YES, WHAT DID YOU RELATE OF THIS EXPERIENCE?

Yes. To one person, the stories themselves. To a few other friends, the fact that I was smoking two fewer cigarettes per day each week, or that I was no longer smoking in certain situations. To a couple people I said that one of the aspects of the therapy was listening to stories in a relaxed state.

4. DO YOU THINK THIS THERAPY WAS HELPFUL? PLEASE EXPLAIN.

Yes. I successfully quit smoking after trying for three years and have made other changes in my life which are healthier.

5. WOULD YOU RECOMMEND THIS THERAPY TO A FRIEND? PLEASE EXPLAIN.

Yes, if he/she had a specific goal in mind, i.e. quitting smoking, overcoming a fear or block.

6. HOW DOES THIS THERAPY COMPARE TO ANY OTHER THAT YOU HAVE EXPERIENCED? PLEASE EXPLAIN.

Absolutely the best. I've seen three other therapists at different times and usually got frustrated at a) the assumption that there was something wrong with me b) the sense that I was "just talking" - not really accomplishing anything c) uncertainty about how to spend my time in therapy sessions, i.e. lack of direction, purpose, goals, d) plus one harder to describe feeling of wanting to end the therapy long before I ever did because I wasn't getting much out of it but being afraid of hurting the therapist's feelings and not being able to bring that up either. To be fair, the other three times I've seen a therapist have been in an attempt to deal with free-floating garbage about relationships--marriage, divorce, parents,--physical addictions are probably relatively easier.

7. HOW DID YOU FEEL WHEN YOU LEFT A SESSION? DID YOU FEEL THE SAME EACH TIME?

Excited. Usually proud. A little scared about doing the next step. Occasionally I was deeply moved by the stories--what does that mean? I guess some stories dealt with images and feelings (e.g. the farm) or brought up memories with a lot of emotional texture and I felt grateful to you for your insight.

8. WHAT DID YOU THINK WHEN YOU LEFT A SESSION? DID YOU THINK THE SAME EACH TIME?

I'm just guessing--I don't really remember, but probably about situations coming up that I thought might be hard and picturing myself getting through them sans cigarettes. Or maybe what to fix for dinner.

9. DID YOU LOOK FORWARD TO COMING TO YOUR SESSIONS? WHY OR WHY NOT?

Yes. I felt listened to and enjoyed reporting on my successes and getting a positive reaction. I felt as though you liked me and found me interesting, and that was nice.

10. DID YOU ACCOMPLISH YOUR GOAL IN THIS THERAPY? PLEASE EXPLAIN.

Yes. I wanted to quit smoking and generally stop living as if I were doomed to die in five years due to my destructive behaviors (which was how I felt when I came in). I now feel competent and optimistic about setting goals and carrying them out.

11. ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT THIS THERAPY?

The ending was really painful for me, though I think the last session was designed well to help me deal with feelings of loss, etc. I still, to some extent, feel as though I have lost an important relationship. I don't know if this is normal or not and I feel sort of embarrassed/dumb about it. I feel a little angry/confused about it, too, like maybe I should have specifically said I wanted to continue, but it wasn't clear to me whether it was okay to say that. Even though it was basically fine with me that our sessions were for a study, at the end I felt a little like I still had things to work on but that weren't relevant to the study.

I hope that isn't too negative. I appreciate your work not only for me but for others. I've always thought it odd when people say "X changed my life" (doesn't everything?) but I want you to know that the day I quit smoking I went home and cried. I knew I had finally done it, and your work helped me to bring a successful end to a long, hard struggle.

Deborah's Therapy Questionnaire

1. WHAT DID YOU THINK OF THIS THERAPY?

STRONGLY DISLIKED DISLIKED NEUTRAL x LIKED STRONGLY LIKED

2. DID YOU FIND YOURSELF THINKING ABOUT ANY OF THE STORIES BETWEEN SESSIONS? IF SO, PLEASE GIVE EXAMPLES.

Generally not. My mind was always preoccupied with other things. At times I would try to think of what the stories were, but this took deep thinking (chimney sweep) (tiger and her cubs).

3. DID YOU TALK TO ANYONE OUTSIDE OF THE CLINIC ABOUT THIS EXPERIENCE? IF YES, WHAT DID YOU RELATE OF THIS EXPERIENCE?

Possibly to the people at work. I told them it was different.

4. DO YOU THINK THIS THERAPY WAS HELPFUL? PLEASE EXPLAIN.

Yes to some degree. I think since I've seen you I've smoked 2X outside my home. I didn't enjoy either time. I should have never taken the 5 cigarettes that first week. I knew it was allowed so I did but my mind had been set and I should have stayed with it, and used you as support. I'm just going to have to wait until I set my mind again in order to quit totally. I believe it's a mind trip, I already know I'm addicted to nicotine, a drug. To be free of it I can't smoke at all. Through the experience I realized a lot of it is habit because I can go all day without smoking and it doesn't bother me.

5. WOULD YOU RECOMMEND THIS THERAPY TO A FRIEND? PLEASE EXPLAIN.

Yes but only if their mind is set on withdrawal to quit and not cold turkey.

6. HOW DOES THIS THERAPY COMPARE TO ANY OTHER THAT YOU HAVE EXPERIENCED? PLEASE EXPLAIN.

I can now say I didn't follow the program as you set it up. I did what I was suppose to for the 5-6 weeks because I had to report back to you but I'm not cured.

7. HOW DID YOU FEEL WHEN YOU LEFT A SESSION? DID YOU FEEL THE SAME EACH TIME?

I always felt good after leaving a session, especially the last ones when I wasn't smoking, but I guess I needed more or something. I just don't know why I didn't stick to it.

8. WHAT DID YOU THINK WHEN YOU LEFT A SESSION? DID YOU THINK THE SAME EACH TIME?

I felt very strong willed, yes.

9. DID YOU LOOK FORWARD TO COMING TO YOUR SESSIONS? WHY OR WHY NOT?

Yes I wanted to go. I knew I had done what I was suppose too.

10. DID YOU ACCOMPLISH YOUR GOAL IN THIS THERAPY? PLEASE EXPLAIN.

No. Already explained.

11. ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT THIS THERAPY?

It may be alright for some people but I know for me it has to be cold turkey. The stopping has to be an addiction just like the smoking itself.

Table 6

Comparison and Contrast of Clients' Answers to Questionnaire

ABBY	LOUISE	DEBORAH
<p>WHAT DID YOU THINK OF THIS THERAPY?</p> <p>Strongly liked</p>	<p>Strongly liked</p>	<p>Liked</p>
<p>DID YOU FIND YOURSELF THINKING ABOUT</p> <p>Not much. Would recall them generally right after the session (driving home) and occasionally during the week.</p>	<p>ANY OF THE STORIES BETWEEN SESSIONS?</p> <p>Yes. The swimmer in calm and choppy water. The clockmaker and his reliable friend. The woman and her car with exhaust problems. The woman with the clogged chimney. The woman with low self-confidence who took her husband everywhere. The woodpecker who was hooked on apples. The river that liked to smell trees.</p>	<p>Generally not. At times tried to recall certain stories, but this took deep thinking (chimney sweep, tiger and her cubs).</p>
<p>DID YOU TALK TO ANYONE OUTSIDE THE</p> <p>Yes. Discussed in detail the techniques used, including the stories (though not much of their content), the</p>	<p>CLINIC ABOUT THIS EXPERIENCE?</p> <p>Yes. To one person, the stories themselves. To a few other friends - that</p>	<p>Yes. To people at work - told them it was different.</p>

ABBY	LOUISE	DEBORAH
<p>DID YOU TALK TO ANYONE OUTSIDE THE CLINIC ABOUT THIS EXPERIENCE?</p> <p>record keeping, goal setting, and the clinician.</p>	<p>I was smoking 2 fewer cigarettes per day each week, or that I was no longer smoking in certain situations. To a couple of people - that one of the aspects of therapy was listening to stories in a relaxed state.</p>	<p>(Continued)</p>
<p>DID YOU THINK THIS THERAPY WAS HELPFUL? PLEASE EXPLAIN.</p> <p>Very. The structure of cutting down was helpful; the accountability; the positive nature of the therapy as a whole; the support.</p>	<p>Yes. I successfully quit smoking after trying for 3 years, and have made other healthy changes in my life.</p>	<p>Yes - to some degree. Since last session, smoked twice outside house and didn't enjoy either time. Should never have taken 5 cigarettes that first week - mind had been set and should've stayed with it, and used therapy as a support. Just have to wait till set mind again in order to quit totally. Believe it's a mind trip...Through this experience realized lot of it is habit, as can go all day without a smoke and not be bothered by it.</p>

ABBY	LOUISE	DEBORAH
<p>WOULD YOU RECOMMEND THIS THERAPY TO A FRIEND? PLEASE EXPLAIN.</p> <p>Yes. Would recommend to a friend for above reasons and it was successful.</p>	<p>Yes, if had a specific goal in mind such as quitting cigarettes, overcoming a fear or block.</p>	<p>Yes, but only if their mind was set on withdrawal to quit, and not cold turkey.</p>
<p>HOW DOES THIS THERAPY COMPARE TO ANY OTHER THAT YOU'VE EXPERIENCED?</p> <p>Was in therapy once before for a much more complex problem, but this experience was much more positive, gentle and supportive. Other important difference is that this therapy was successful --goal was reached.</p>	<p>Absolutely the best. Had seen other therapists at different times and got frustrated at (a) assumption that something was wrong with me (b) sense of "just talking" - not really accomplishing anything (c) uncertainty about how to spend my time in therapy sessions - lack of direction, purpose, goals (d) wanting to end the therapy long before did, but being afraid to hurt therapist's feelings.</p>	<p>PLEASE EXPLAIN.</p> <p>Can now say didn't follow program as it was set up. Did what was supposed to do for 5-6 weeks because had to report back, but am not cured.</p>
<p>HOW DID YOU FEEL WHEN YOU LEFT A SESSION?</p> <p>Felt great when left session: relaxed, proud, pleased with</p>	<p>DID YOU FEEL THE SAME EACH TIME?</p> <p>Excited, usually proud, a little scared about doing</p>	<p>I always felt good after leaving a session -</p>

ABBY	LOUISE	DEBORAH
<p><u>HOW DID YOU FEEL WHEN YOU LEFT A</u></p> <p>myself and eager to take on the challenge. Occasionally felt scared of the goals set and my ability to reach them successfully.</p>	<p><u>SESSION? DID YOU FEEL THE SAME EACH TIME?</u> (Continued)</p> <p>the next step. Occasionally was deeply moved by the stories - what does that mean? Guess some stories dealt with images and feelings (the farm) or brought up memories with a lot of emotional texture, and I felt grateful to you for your insight.</p>	<p>especially last ones when I wasn't smoking, but guess I needed more or something. Just don't know why I didn't stick to it.</p>
<p><u>WHAT DID YOU THINK WHEN YOU LEFT A</u></p> <p>Would think about the session - the stories, the week's goals. Would think about the stories' implications and why they were chosen for me.</p>	<p><u>SESSION?</u></p> <p>I'm just guessing...don't really recall - possibly about up-coming situations that might be hard and picturing myself getting through without cigarettes. Possibly what to fix for dinner.</p>	<p>Felt very strong-willed.</p>
<p><u>DID YOU LOOK FORWARD TO COMING TO</u></p> <p>Yes, I looked forward to sessions - the luxury of being focused on. In the end felt a little tedious - grew impatient with my rate of change near end.</p>	<p><u>YOUR SESSIONS? WHY OR WHY NOT?</u></p> <p>Yes. I felt listened to and enjoyed reporting on my successes and getting positive feedback. Felt as though therapist liked me and found me interesting and that was nice.</p>	<p>Yes, wanted to go to sessions... Knew I had done what was supposed to do.</p>

ABBY	LOUISE	DEBORAH
<p>DID YOU ACCOMPLISH YOUR GOAL IN</p> <p>Yes, I quit smoking.</p>	<p>THIS THERAPY? PLEASE EXPLAIN.</p> <p>Yes, I wanted to quit cigarettes and generally to stop living as if doomed to die in 5 years due to my destructive behaviors (which is how I felt when I first came in). Now feel competent and optimistic about setting goals and carrying them out.</p>	<p>No, already explained.</p>
<p>ANYTHING ELSE YOU WOULD LIKE TO</p> <p>The combination of techniques used, the positive slant to it, lack of judgemental behavior on therapist's part, all made this a good experience, and clearly worth it to me.</p>	<p>SAY ABOUT THIS THERAPY?</p> <p>Ending was really painful for me, though think last session was designed well to help me deal with feelings of loss, etc. Still, to some extent, feel as though have lost an important relationship - don't know if this is normal or not, and feel embarrassed/dumb about it. Feel a little angry/confused about it - like maybe I should've specifically said I wanted to continue, but wasn't clear to me if it was OK to do this.</p>	<p>Maybe OK for some, but I have to do it cold turkey - stopping has to be an addiction, just like the smoking itself.</p>

C H A P T E R V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER RESEARCH

Introduction

Chapter V is divided into four different parts. The first is a summary of the research. Next, follows an acknowledgement of the research design problems. The third part presents the conclusions of the study including the implications of this research for clinical use of therapeutic metaphor. In the final section, recommendations for further research are discussed.

Summary

The purpose of this study was to obtain, by means of a case study approach, clients' post hoc explanations and perceptions of the therapeutic metaphors that they were told as part of a psychological treatment process. The main focus of this exploratory study was on the clients' perceptions of the treatment process, rather than the outcome. Three female clients were selected from the persons who contacted the Psychological Services Center at the University of Massachusetts, Amherst, in response to an ad that was placed in two local newspapers advertising a short term treatment for smoking cessation. Clients were informed that they would be part of a study investigating metaphor as a treatment modality, in this case, as a technique to

promote smoking cessation.

Therapeutic metaphor is a technique that has been increasingly employed by clinicians in recent years to facilitate behavioral changes in their clients. Yet, there have been no studies which explore client reactions to the various segments of the metaphors and the resulting conscious and unconscious search processes that the client undergoes in order to make sense of this therapy. The emphasis in this study was to obtain and elucidate the client's experience and transderivational search processes resulting from listening to therapeutic metaphors.

Over a three month period, the three clients were seen in therapy by the researcher for a total of eight to nine sessions. Therapeutic metaphors, utilizing the general design of the Lanktons model (1983) of multiple embedded metaphor were a major portion of each of these sessions, aimed at promoting smoking cessation. Three primary sources of data gathering were employed: (1) problem focussed initial interviews with each client by the researcher, as well as 8-9 subsequent treatment sessions that were video-taperecorded; (2) one in-depth interview with each client immediately following a multiple embedded metaphor treatment session, in which client viewed by video-taped replay, selected segments of each of the five main parts of the MEM and was then asked to recount what she was thinking during each of these metaphors; (3) client self-report and evaluation of therapeutic metaphor-therapy experience via a written questionnaire mailed

to each client five weeks following the last session.

The data was analyzed in three stages. First, a written comparison of the initial information from the early diagnostic sessions was conducted, with implications drawn for metaphor design for each client. Then, after completing the in-depth MEM interview with each client, a comparison and contrast table was constructed to summarize the findings of these interviews. Next, conclusion and issues were drawn from this table and their implications for clinical use were discussed. Finally, a comparison and contrast of the data revealed from the questionnaire responses of each client was conducted and incorporated with the above to form a discussion on implications for clinical use.

Research Design Problems

In this section, two major research design problems are acknowledged.

First and foremost, is the obvious dilemma of this type of study: Asking clients to consciously describe what may have been a largely unconscious process for them. If, as Rossi (1979) and Lankton (1983) suggest, the value of therapeutic metaphor lies in the client's ability to make unconscious connections between the metaphors and the client's particular situation (thus circumventing any conscious resistance to change), then by asking clients to describe their thought processes consciously we may actually be undermining the therapist's work.

Clearly, this was a liability in this study. Further, during the in-depth interview with each client, there is no way to be certain if the client's response to what she was thinking or feeling during each stage of the metaphor, was her immediate internal response as she listened to the metaphor, or a conscious re-interpretation of the metaphor on hearing it a second time during the videotaped replay. As this study heavily relied on self-report measures, there was no way to avoid this problem. Yet it is a major limitation of the study and must be acknowledged as such.

Secondly was the problem of this researcher being both therapist and interviewer. A change that would have strengthened this aspect of the research design would have been to have an additional person, or two, participate in the study as interviewer and researcher, separate from the therapist. The fact that the author was both clinician/interviewer/researcher may have very likely contributed to some researcher bias.

Conclusions

Some clear similarities and some clear differences emerged through the collection of the data between the three clients. In the instance of the MEM's designed for the in-depth interview sessions, Abby and Louise's matching metaphors were superior in their design as compared to Deborah's matching metaphor. While this was not intentional on the part of the researcher, it served to illustrate and

corroborate an important point emphasized by the Lanktons regarding this initial phase of a MEM. That is, unless the matching metaphor parallels the client's immediate situation in such a way as to engage the client's immediate attention, the messages of the MEM will be lost to the client from the start. At this initial stage in Deborah's MEM, the researcher had neglected to create a protagonist with whom the client could identify. Since no clear figure emerges at this stage in the metaphor, Deborah's attention was not engaged and she reported finding no relevance in the stories to her life. Conversely, both Louise and Abby's matching metaphors were well developed and matched to their respective situations. Both clients reported strong identifications with the protagonists from the outset. Interestingly, both Abby and Louise made the associations between themselves and the bird and fox respectively, on a conscious level. Rather than cause them to reject the connection, this conscious association seemed to provide motivation to listen for even more parallels.

Deborah, on the other hand, reported no identification during this first stage; in fact, it would be fair to say that she actually rejected any identification here as evidenced by her comments that she was glad she didn't have a woodstove, and never used her fireplace.

The issue of how client motivation impacts on the therapeutic metaphor process must also be raised here. It should be noted that while Abby and Louise presented consistently congruent motivation to quit smoking all through the therapy treatment process, Deborah was

clearly ambivalent from the start. She indicated that while she thought she should give up smoking, it was one of her very few pleasures in life, and why should she give up a pleasure when she had so few things that she enjoyed just for herself. This ambivalence in motivation on Deborah's part undoubtedly contributed to a lack of identification with the matching metaphor.

All this points to a need for the therapist to accurately diagnose the client's situation (including resistance to change) from the beginning in order to properly address these issues through the metaphor process, and this corroborates the Lanktons' (1983) proposed general conditions for development of successful multiple embedded metaphors.

However, a clear departure from the Lanktons' mode for success at this stage emerged in that both Abby and Louise indicated conscious identification with the protagonists in their respective matching metaphors and resource metaphors. While much of the literature (Rossi, R., 1979; Lankton & Lankton, 1983) suggests that if a conscious awareness exists of the connections between the metaphor and the client, the client will reject the metaphor, quite the opposite appeared to be the case for Abby and Louise. Each of them identified strongly with the metaphors, and seemingly on a conscious level. Rather than causing them to reject the notion of relevance to their respective situations, it seemed to nurture their respective desires to seek greater understanding of the similarities and to glean what learnings they could from the parallels.

A conclusion in the form of a hypothesis can then be drawn from this finding that may or may not be beneficial for clients to make conscious connections at the matching and resource metaphor stages. This depends on the client, her motivation, therapist, etc. The beneficial purpose this conscious association serves, is to initiate a positive expectancy in clients of learning about themselves within these metaphors. In short, they can expect the stories to be about them. This may possibly create in clients more trust that their concerns are being addressed in what may otherwise strike them as a pleasant, but odd form of therapy. Lankton & Lankton (1983), in fact touch upon a similar theme when they suggested that stories which are clearly similar to a client's situation should be told to clients who are therapy-naïve and doubtful of the therapist's understanding of their situation. However, they implied that the client's unconscious will bridge the connection. This researcher proposes that it can be equally beneficial for a client's conscious mind to make these connections, such that the client may consciously "defend" the relevance of this otherwise unusual treatment to a doubting husband/friend/parent whose own doubts may serve to undermine the therapy. Abby and Louise, in fact, both indicated on their questionnaires and in subsequent telephone conversations that they each described the nature of the therapy to their respective partners, and included some actual retelling of the stories to demonstrate (to their partners) the relevance of this form of treatment.

The intent of the resource metaphor stage of the MEM is to help

the client retrieve from her repertoire of experiences feelings of competence and confidence that she can address the problems at hand (in this case, smoking cessation) with an optimistic expectancy for a positive outcome based on former successful experiences. During the follow up interview of the MEM, Abby reported experiencing good feelings of accomplishment. She consciously equated her situation of quitting smoking with the discomfort of acquiring a new skill that was mentioned in her resource metaphor. She indicated that viewing smoking cessation in light of learning a new skill was a new way for her to think about quitting and she clearly drew this parallel from the resource metaphor in a conscious fashion.

Louise, too, reported making conscious connections between her situation and that of the fox in her resource metaphor. She reported a strong, conscious identification with the fox's feelings of increased relaxation in new environments and situations, and thereby acknowledged her own feelings of accomplishment in this area. In reflecting on questions posed by the researcher about this stage of her MEM, Louise went so far as to directly comment on how she consciously realized, in retrospect, why the particular metaphors here were chosen for her and she laughingly reported that the clinician "had her number" and was "clever" in choosing the particular themes of her resource metaphor. Again, Louise's appreciation of the MEM seemed enhanced by her ability to draw conscious connections at this stage between the metaphor's central figure and herself. It seemed to help create a feeling that the clinician "understood" and this consequently

aided in furthering feelings of good rapport between client and clinician.

While Deborah seemed not to make any conscious connections between herself and the woman in her resource metaphor, her responses during the follow-up interview did suggest that she made several unconscious connections. Her expressed hope that her daughters were learning skills of organization and neatness from her suggested that her transderivational search process resulted here in an unconscious connection between the events in the story and her own life. The clinician's goal at this resource metaphor stage of Deborah's MEM was to elicit recalled feelings of competence and confidence in her abilities to successfully cope with situations with unknown variables. Deborah learned to totally take over managing and keeping up her own home when her husband left, and therefore already had a strong experience of this ability to successfully deal with the unknown. It was the clinician's desire to point this out to Deborah as a way of showing her that though she feared that she lacked the ability to deal with the unknown variables of giving up cigarettes, she had in fact, already dealt with some very major unknowns in her life quite successfully, and she could build on these past successes. The idea was to recreate these feelings of past successes and the resulting feelings of confidence in her. As Deborah presented herself as ambivalent about giving up cigarettes, and as someone who was not at ease when talking about herself directly, the clinician felt an indirect metaphor would be appropriate and more effective in eliciting these

positive feelings and circumventing her conscious resistance to changing her smoking habits. In retrospect, the researcher believes this was not the best approach after all. The metaphors were perhaps too indirect--so much so, that the important resources being sought very possibly were never actually retrieved by the client, thwarting the entire MEM's effectiveness in the change process.

The question begs to be posed here: Would Deborah, in fact, have benefited from a fairly direct metaphor at this stage that would have encouraged her to make the connections consciously? The researcher hypothesizes that this is a likely possibility. It possibly would have enhanced the clinician's rapport with Deborah, assuming that Deborah made the conscious connections between the stories and her situation, and then concluded that the clinician really understood her. It may have set a positive expectancy on Deborah's part that each time she heard a story in this therapy, it would somehow be about her. Although the clinician originally believed that Deborah would reject any stories that she was aware were designed to reflect her situation, it seems in retrospect, that the precise opposite situation might have resulted.

At the direct work (embedded directive) stage of the MEM, Deborah reported that she thought the woman in her embedded directive metaphor was stupid to have sat in the room while smoke poured into it. Clearly, she made no conscious connection here. Whether she unconsciously connected the woman in the story with herself is not clear and having no certain way to measure this is one of the

frustrations of this study.

On the other hand, both Abby and Louise clearly indicated that they identified with the central character in their respective embedded directive metaphors. Louise reported feelings of sadness at this stage, saying that she identified with the fox wanting to stay because he made friends in that forest, but also thinking that he'd grow more if he moved on.

Abby reported listening to the Doctor's advice to the bird very closely because it made sense to her in terms of quitting cigarettes. She further shed light on her process by reporting that she didn't consciously seek the connections at this stage; rather, she made the comparison between the bird and herself without thinking about the clinician's purpose in telling her these things. For her, at least, the metaphor process became unconscious at this stage.

At the finishing resource metaphor stage, the clinician tried to link up past resources with the present in a way that demonstrated to the client that she had the resources she needed within her. Abby reported "flashing back" during this stage on two childhood experiences. One was pleasant for her to recall--a gardening experience with her father when she was four or five years old. The other was less pleasant as she recalled learning to swim, and holding her head under water, which she didn't like. There seemed to be no conscious connections made here, and the unconscious connections were difficult to decipher from the limited information Abby gave during the follow-up interview.

Louise very definitely connected with the fox saying that he had everything he needed inside him. She articulated feeling the same way regarding herself and that she enjoyed rediscovering this in her sessions with the clinician. That the connection was made between metaphor and client is clear; whether it was made consciously or not during the first telling is not clear.

Deborah apparently made quite a few connections too, at the finish resource metaphor stage. She reported being glad when the woman "finally realized that she could think for herself." Deborah also reported that she liked the idea of the woman using visualization techniques to help her, and that she (Deborah) also used these techniques at times. This was particularly exciting to the researcher because Deborah learned some visualization techniques through several guided imagery sessions with the clinician in various MEM's over the course of treatment. Since Deborah reported during her intake that she had never used visualization/imagery exercises, it was assumed that she unconsciously processed previous MEM's and applied them to her life as she felt appropriate. One could safely hypothesize then, that Deborah made unconscious connections at this MEM stage between the metaphor and herself.

All three clients made connections with the finish matching metaphors and their respective situations. Abby made the connection consciously, that getting the bird to stop sucking worms was a means to suggest that she could stop smoking. She reported that at times she consciously knew that the bird was meant to represent her and

yet at other times she said instead of being awarely focussed on herself, she was focussed on the "poor, little bird." In looking back, she observed that she could see how the metaphors were designed for her, but while in the actual session listening to the MEM, she seemed wrapped up with the events of the metaphors, rather than the intentions of the clinician in telling her those particular stories.

Louise described a strong identification with the fox during the finish matching metaphor stage and likened it to her own dread of farewells. Louise seemed consciously aware throughout much of the MEM that the fox was intended to represent her. When asked what she interpreted as the purpose of the final metaphor, she answered, "To help me say good bye to you. You know, to give me a pep talk of sorts and to send me out on my own now."

Deborah indicated a lack of any conscious awareness of the connection (in the finish matching metaphor) between the woman hiring a coach to help support her in cleaning out her chimney, and Deborah hiring the researcher as her coach, to help support her giving up smoking. She did, however, indicate her approval of the woman becoming self-reliant, and learning how to clean her own chimney. Deborah did not consciously identify the woman as involved in a similar situation to her. Consequently, she seemed to have a minimum amount of identification with the protagonist, did not find the metaphors particularly relevant to her own life, or of specific interest to her. When directly asked if she saw the chimney in the story as symbolic of her lungs she answered in the negative. Deborah, unlike

Abby and Louise, did not think that the clinician was talking about her until the researcher asked during the last questions of the interview if Deborah thought that this was the case.

Abby and Louise both seemed to find the MEM's relaxing, enjoyable and relevant to their concerns. Deborah seemed to find her MEM somewhat relaxing and amusing, but lacking in much direct relevance to her concerns.

Implications

There are several implications for clinical use of therapeutic metaphor, as a result of this research. First, this study provided the only description (in the literature of the use of Ericksonian metaphor) that begins to elucidate what clients actually think about different therapeutic metaphors. As such, it is the first client-based inquiry into this therapy technique. This study thus provides clinicians in the field with a description of how three specific clients interpreted, reacted to, rejected, and utilized this treatment technique.

One statement that is found in the therapeutic metaphor literature (Erickson & Rossi, 1979; Lankton & Lankton, 1983) has been challenged by this study. Rossi (1979) and Lankton & Lankton (1983) suggest that the value of therapeutic metaphor lies in the client's ability to make unconscious connections between metaphors and the client's particular situation, thus circumventing any conscious

resistance to change. The results of this study suggests that, indeed, rather than being detrimental to the therapy process, a conscious processing at the matching and resource metaphor stages, may in fact aid the treatment process. This research suggests that conscious processing in these preliminary stages may, in certain cases, establish a positive expectancy on the part of the client that she will hear stories in each session that address her concerns. Further, the results of this research suggest that in the case of clients who are somewhat doubtful about such "alternative" treatments addressing their concerns, some conscious comprehension of the therapeutic metaphor's relevance to them may be beneficial in the preliminary stages of MEM. It is therefore postulated that unconscious processing of therapeutic metaphor may not be necessarily a requisite for successful therapy.

Thirdly, this study indicated the vitalness of an accurate diagnosis of the client right from the beginning. No matter how cleverly designed a metaphor is, unless it addresses that client's key issues it will be useless in effecting that client's desired outcome. Deborah presented a classic example of a client who had made up her mind how her treatment should be structured. She said from the beginning that she believed quitting "cold turkey" was the only way for her. When the clinician allowed her to try this cold turkey method, it failed. However, Deborah held on to the notion that this was still the only way. This was a big issue for her as it turned out, and the clinician did not realize this and incorporate it into Deborah's treatment metaphors, as ideally should have been done. If a fully

accurate assessment had been initially made, this important point would have been addressed from the outset, and perhaps a different set of responses would have been elicited from this client. Lankton & Lankton (1983) pointed out that in creating a treatment plan one must first identify several metaphoric themes that are relevant to the client's conscious and unconscious concerns. These themes of course, evolve from a thorough initial assessment.

Fourthly, no observable patterns emerged in how the clients responded to the varied metaphors, as was initially believed might happen. We can conclude from this that since each client brings her own unique set of problems and responses to the therapy situation, a client's response to various therapeutic metaphors will follow no particular guidelines, but rather will be in accordance with that client's set of values, beliefs, and so on.

Finally, this study clearly demonstrated that therapeutic metaphor can be an empowering treatment technique. The focus to date, in the scant literature on this treatment technique, has been on the therapist's creation and delivery of therapeutic metaphor, not on the client's reception to the metaphors and the resulting thoughts and feelings in processing the metaphors. Yet, this study indicated that the client's interpretations, feelings and thoughts, in response to therapeutic metaphor are important for clinicians to consider and may pave the way for further research. This will be elaborated upon in the next section.

Recommendations for Further Research

The results of this study as well as unanticipated findings can provide the basis for further study. The most obvious recommendation would be another client-based inquiry into therapeutic metaphor, but with several important changes: 1) a larger client sample, including both males and females 2) an instrument designed to measure client's reactions to therapeutic metaphors in a more scientifically controlled experiment and 3) sets of consistently direct and obvious metaphors, consistently indirect and abstract metaphors and a combination within each MEM of both direct and non-direct stories that parallel the client's life. Secondly, as this was a study of process only, it could not address the success rate of therapeutic metaphor as a treatment technique. Therefore, as soon as several more process studies have been conducted on therapeutic metaphor to gather more information, an outcome study would be of particular interest in testing the benefits of what was discovered and demonstrated in the studies of this metaphor treatment process.

Finally, this study demonstrated the need for further research on how the wider context of therapy impacts on a therapeutic metaphor treatment, and vice versa. In this study, a client-based data collection provided a rich information base. Further study could expand these observations to include the broader context of the whole therapy treatment.

The systematic elucidation of the therapeutic metaphor process

and how clients actually process this therapy is still in its earliest stages. Yet, as this research has illustrated, the complexities of this therapy technique offer an intriguing and rich area for study. Clarity about purposes, design, delivery and client processing of metaphors will serve to further support the development of this creative therapeutic technique, through the strengthening of the skills and understandings of the therapists who put this technique into practice.

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APPENDIX

APPENDIX A

Advertisement for Clients

FEMALES STOP SMOKING!

Female, smokers. Short term therapy to promote cessation of smoking in comfortable, productive way. Sliding fee scale
Psychological Services Center, UMass
545-0041.

APPENDIX B

Informed Consent Form

In an effort to improve the current therapeutic methods available to help smokers stop smoking, an investigation into an alternative psychotherapeutic process is being conducted. In this particular study I am investigating the effects on the client's resolve to stop smoking resulting from therapeutic services received at the PSC, employing the use of strategic therapy. Progressive relaxation, talking and listening to stories are methods that will be employed. There is no hidden agenda (i.e., no deception) involved in this study.

Your participation in this study will be held in the strictest confidence. A code name will be given to your data, and your name will not be made available to anyone outside of your therapist and treatment team. Individuals who participate in this study may see the results of the study if they so desire. I hope to have an abstract of the results available in the PSC by September, 1983. If you have any other questions about the study, please feel free to speak to me.

Your signature below implies that you understand the purposes and nature of this study, that you agree to participate, and that you understand that you are free to withdraw at any time. If you choose not to participate in the study, your eligibility to receive

services in the clinic will not be affected in any way.

Signature

Date

Kathy Dardeck, PSC Therapist

APPENDIX C

Fourteen Questions Asked in Initial Interview

- (1) Has client received prior treatment for smoking cessation?
- (2) What has she tried to solve it?
- (3) When did she begin smoking?
- (4) When did she first notice it was a problem for her?
- (5) How many cigarettes a day does she smoke?
- (6) When does she smoke? (i.e., after a meal? when anxious? before exams? after sex? with coffee? with alcohol?).
- (7) When doesn't she smoke (i.e., in bed? in morning? in the bathtub? in the library?).
- (8) How does she feel right before she decides to have a cigarette?
- (9) How does she feel while actually inhaling smoke?
- (10) How does she feel just after putting out a cigarette?
- (11) Who are the significant people in her life? Do they smoke? What is their view of her smoking?
- (12) How would things be different without this problem?
- (13) If the problem is not solved, what will happen?
- (14) What would be considered success by this client? How quickly?

In order to accomodate each client's unique language and style, flexibility with regard to question sequence, phrasing and inclusion is necessary.

APPENDIX D

Initial Psychotherapy Summary

Client:
Date of Intake:

Therapist:
Supervisor:

- I. Identification of Patient: Age, sex, occupation, education level, class ethnic-religious identifications; marital, parental, and current household status.
- II. Presenting Problem and Symptoms:
- III. Mental Status on Admission: Appearance, behavior, thought content, intelligence, insight and judgement.
- IV. History of Referring Situation:
- V. Family Background: Relevant data on parents, sibs or other significant relatives as to class, ethnic, religious and social factors. Hereditary history (presence of outstanding achievements or adaptive failures in family; identified psychiatric illnesses in relatives).
- VI. Psychological History: Major life experiences and adaptations from childhood through adolescence to current age; past performances in key areas of ego functioning (schooling, work, love relationships, sex, parenthood, friendships, creativity, recreation).
- VII. Past Medical History: Major illnesses or operations, including psychosomatic diseases.
- VIII. Current Life Situation: Any immediate stresses or impending changes such as divorce, loss of job, etc. Present state of physical health including any current medications, drug usage; relevant pleasurable or compulsive activities; brief description of patient's daily life and important people in it with emphasis on quality of current relationships.
- IX. Financial Status: Income and sources of it. Style of clothing, housing, vacations, or leisure examples; any special financial assets (savings, stocks, property) or burdens (loans, medical expenses, etc.), if relevant.

- X. Motivation: What does patient say he/she wants? What else do you see as motivating him/her?
- XI. Initial Formulations:
- XII. Suggested Plan for Treatment:

APPENDIX E

Embedded Metaphor Outline

Lankton's embedded metaphor structure, based on the work of Milton Erickson, Bandler and Grinder.

- A. Diagnosis to Include:
 - 1. Structure of system
 - 2. Function of symptom
 - 3. System and individual age of development
 - 4. Developmental task
 - 5. Availability of resources
 - 6. Flexibility of members
 - a) perceptual ability
 - b) cognitive meaning given to behaviors
 - c) emotive range
- B. Develop Rapport/Introductory Remarks
 - 1. This may include:
 - a) trance induction
 - b) relaxation exercises
 - c) simple chatting
- C. Begin a Metaphor that is Isomorphically Matched to Client's State
 - 1. Create isomorphic parallels
 - 2. Stop prior to connecting strategy
- D. Begin a Metaphor that Elicits Client's Resources
 - 1. Draw on general childhood accomplishments
 - 2. Stop prior to connecting strategy
- E. Deliver an Embedded Directive
 - 1. This can be in an entirely new metaphor, or
 - 2. It can be a natural extension of "D."
- F. Finish Metaphor that Elicits Resources
 - 1. Pick it up in a smooth manner, and
 - 2. End it in a way that leads into "G."
- G. Finish Isomorphic Metaphor
 - 1. Link resources to present and future
 - 2. Offer resolution
- H. Reorient Client to Room and End Session

APPENDIX F

Embedded Metaphor Structure

developing rapport, - - - - - reorient
introductory remarks client

matching - - - - - finishes matching
metaphor metaphor, links
resources and ends
metaphor

metaphor to - - - - - finishes metaphor that
elicit resources elicits resources

metaphor
containing
embedded
command

APPENDIX G

Funnel Questionnaire

I would like to ask you some questions about your experience in this study. Please feel free to answer all questions to the best of your ability as I am solely interested in what you think about the study. There are no right or wrong answers to these questions.

1. Do you remember what we did in our last session?

Probe: Can you be specific?

2. What did you think about our last session?
3. What did you think about the stories I told you?

After playing video-taped segments from each stage of M.E.M.:

4. What did you think about the protagonist in this story?
5. What did this character bring to mind for you?
6. What is the most interesting and least interesting thing that happened in this story (explain)?
7. How did this story make you feel (happy, sad, confused, other)?
8. What did you think was the purpose of this story?
9. Did the story seem relevant to you?
10. Did you see that the idea of the car in the story (for example) was directly parallel to you situation, and that the muffler represented your lungs?
11. Did you know I was talking about you?
12. What did you think the story meant?

APPENDIX H

Psychotherapy Termination Note

Client:	Therapist:
Date of Termination:	Supervisor:
Period Seen:	Team Leader:
Number of Sessions:	
Course of Contact:	(Previous PSC therapists and Dates Seen)

1. Identifying data: age, sex, marital, social class, occupational and ethnic-religious data.
2. Initial formulation of problem: initial motivation for therapy, pertinent mental status findings.
3. Pertinent personal history: family or psychosocial information relative to presenting problem.
4. Summary of treatment course: include treatment modalities (including adjunctive contacts or treatments), response to therapy, brief summary of process, status of treatment goals (achieved or not).
5. Final Disposition: was termination due to therapeutic considerations? Is so, then indicate.
6. Recommendations: thoughts about future needs.

APPENDIX I

Cover Letter to Therapy Questionnaire

July 20, 1983

Dear

Hi! I hope everything is going well with you. As you know, the sessions that you had with me were part of a study that I am conducting on this type of therapy. Your answers and insights to the questions on the enclosed questionnaire will provide me with additional valuable information regarding this study. I would greatly appreciate your taking some time to complete the questionnaire now and return it to me using the stamped, self-addressed envelope. Feel free to write (legibly please!) right on the form itself, and use the flip side, or attach additional sheets for any additional space that you may need.

Thank you for your cooperation with this study!

Best regards,

Kathy Dardeck
Clinical Therapist

Therapy Questionnaire

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8. WHAT DID YOU THINK WHEN YOU LEFT A SESSION? DID YOU THINK THE SAME EACH TIME?

9. DID YOU LOOK FORWARD TO COMING TO YOUR SESSIONS? WHY OR WHY NOT?

10. DID YOU ACCOMPLISH YOUR GOAL IN THIS THERAPY? PLEASE EXPLAIN.

11. ANYTHING ELSE YOU WOULD LIKE TO SAY ABOUT THIS THERAPY?

